

Master of Public Health
Integrative Learning Experience Report

***WORKSITE WELLNESS: IMPROVING PHYSICAL ACTIVITY
AND NUTRITION TO COMBAT OBESITY***

by

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submitted in partial fulfillment of the requirements for the degree

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2020

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Summary/Abstract

Obesity is a growing concern in the workplace setting. About 53% of American workers are considered overweight or obese. There is rise of high sedentary occupational jobs and lack of physical activity in office job settings, increasing the risk of obesity and poor health. Studies have found that Americans work on average 8.5 hours a day with 71% of those hours being sedentary. Through my Applied Practice Experience (APE) at Kansas Department of Health and Environment (KDHE), I created multiple products to help combat obesity through physical activity and nutrition. I created a needs assessment through literature reviews and discussions with employees at KDHE. I followed the CDC's Workplace Health Model to efficiently incorporate the correct steps to achieve health in the workplace. Ideas and products were created based on achievable outcomes and limitations. Five products were created: Worksite Wellness Policy, Well @ Work Stretching Videos, Complete Streets Legislation, Well @ Work Nutrition Table Tents, and an Action Guide for Government Agencies on the Food and Nutrition Environment.

The aim of these products is to increase physical activity and nutrition knowledge and skills to improve employees' health. Due to the APE timeline the products I created had not yet been fully implemented in the workplace. The future direction is to implement these into the workplace and obtain data to assess the effectiveness of these products.

Subject Keywords: Worksite wellness, Complete streets, Policy, Physical activity, Nutrition, KDHE.

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Chapter 1 - Literature Review

Overweight and obesity are growing national concerns for the United States (US). The CDC reported that 71.6% of the US population was overweight or obese (Nathional Center for Health Statistics, 2016). Focusing on just obesity, 29.8% of the US population is considered obese (America's Helath ranking Analysis of CDC, 2016). Obesity is defined as adults with a body mass index of 30.0 kg/m² or higher. Within the US, Kansas is ranked the 12th highest obese state with 34.4% of their adult population obese in 2019 (America's Health Ranking analysis of CDC, 2020). Kansas has seen a drastic increase in obesity over time. In 2000, Kansas had an 18.9% obesity rate and was below the national obesity average. Since then obesity in Kansas increased by over 15% in just 19 years (America's Health Ranking analysis of CDC, 2020). This is a public health issue for Kansas that needs to be addressed.

Cost of Obesity

Obesity in the workplace is a growing concern (Church, et al., 2011). Employers need to evaluate the burden of obesity. The cost of obesity to employers is alarming and should be stated to recognize negative results from obesity. Lower productivity is one example of a cost burden to employers (CDC, 2019). Absenteeism, presenteeism, impairment, limitations, and workplace injury are a major part of lower productivity that contribute to high indirect or direct cost loss (CDC, 2019). Workplace productivity costs due to employees' obesity-related issues total \$73 billion nationally (Finkelstein, DiBionaventura, Marco, Burgess, & Hale, 2010). More recently, a systematic review by Goettler, Grosse, and Sonntag shows that overweight and obesity negatively affect the short-term and long-term indirect costs in the workforce (Goettler, Grosse, & Sonntag, 2017). A study found that negative indirect costs and decreases in productivity were significantly positively associated with obesity (Kudel, Huang, & Ganguly, 2018).

Within the workplace setting, obesity is also correlated to a higher injury rate. One study found that overweight and obese workers were 25%-68% more likely to experience injuries compared to normal weight workers (Gu, et al., 2016).

Physical Activity

One reason employees are obese is the rise of highly sedentary jobs and lack of physical activity in office job settings. Americans spend on average 8.5 hours a day at work (U.S. Bureau of Labor Statistics, 2018). One study found that people have higher levels of sedentary behaviors during workdays compared to non-workdays and those who are more sedentary during work hours were also more sedentary outside of work (Laskowski, 2018). They also found that up to 71% of working hours were spent sedentary (Laskowski, 2018). Another study found that over the last 50 years the daily occupation-related energy expenditure decreased by more than 100 calories, increasing the BMI in individuals (Church, et al., 2011). Extended periods of sitting are associated with increased risk of heart disease, stroke, and cardiovascular diseases (Chomistek, et al., 2013). A Kansas study found that 59% of work sites reported offering no information, program, policy, or environmental change interventions directly aimed to decrease employees' sedentary behavior (Ablah, et al., 2018). With almost a third of the day spent at work and the growing trend of sedentary activities, it is important to improve physical activity within the workplace.

Nutrition

Another reason employees are obese is due to poor nutrition habits. Overall, about 80% of Americans fail to eat the recommended amounts of vegetables and fruits (Centers for Disease Control and Prevention, 2015). Their average diet also exceeds the daily recommended intake of sugar, refined grains, sodium, and saturated fats (U.S. Department of Health and Human Services and U.S. Department of Agriculture, 2015). Foods high in solid fat, added sugars, or sodium were the highest consumed among workers (Onufrak, et al., 2019). Another study found that the majority of lunch time foods at the workplace were chosen based on convenience (34.4%), followed by taste (27.8%), cost (20.8%), and finally health (17.1%) (Blanck, et al., 2009). The same study showed that the typical top two sources of lunch were fast-food restaurants (43.4%) or on-site cafeterias (25.3%) (Blanck, et al., 2009).

Behavior Change Strategies

Behavior change strategies involving physical activity and nutrition to decrease obesity in the workplace have been shown to work. A meta-analysis found that the workplace is a suitable environment for making these changes and that theoretical approaches and in particular motivational enhancement improved outcomes (Hutchinson & Wilson, 2012). Research also shows that behavioral interventions, changes in the work environment, and health and safety programs contribute to the effectiveness of workplace health promotion (Quintiliani, Poulsen, & Sorensen, 2010). The same study found that using behavioral models may be useful to design workplace interventions (Quintiliani, Poulsen, & Sorensen, 2010).

A systematic review regarding obesity in the workplace found that offering appealing and healthy choices in the workplace, providing healthier foods at events and meetings, ensuring safe walking areas for employees, and offering wellness classes on nutrition and exercise will help in the prevention of obesity (Lii, et al., 2018). The same study found that implementing a workplace wellness program and offering behavioral counseling to employees are successful strategies to address obesity (Lii, et al., 2018).

A systematic review found that combined informational and behavioral strategies for physical activity and diet to decrease obesity were effective, resulted in decreases in weight and BMI, and were applicable to both male and female employees across a range of worksite settings (Anderson, et al., 2009). Another study found that evidence over the past three decades showed health programs were effective for health and financial status, if they are well-designed and well-executed (Goetzel, et al., 2014).

Healthy People 2020 states that information and education, self-efficacy and social factors that influence behavior change, and changes to physical and organizational structures will help decrease obesity in the work setting (The Community Guide, 2017). These studies show that having proper information/education, wellness programs, and behavioral strategies will overall promote reductions in obesity through physical activity and nutrition in the workplace setting.

Workplace Health Model

The main program planning model that I used to develop products was the Workplace Health Model by the CDC. (CDC, 2015) This model can be found in Figure 1.1. This model, recommended by the CDC, provides a “coordinated approach to workplace health promotion which results in a planned, organized, and comprehensive set of programs, policies, benefits, and environmental supports designed to meet the health and safety needs of all employees” (CDC, 2015). The Workplace Health Model by the CDC is an efficient model to use and establish. There are four components of this model: assessment, planning and management, implementation, and evaluation. CDC also provides a checklist for each step to insure proper implementation. This checklist can be found in Appendix 1. There are multiple case studies that have shown this program planning model to be an effective source for a program. One case study took place at Greater Lakes Mental Healthcare in Lakewood and Tacoma, Washington. By following each step of the CDC Workplace Health Model, the Greater Lakes Mental Healthcare wellness committee was able to successfully implement and see positive results of increased in physical activity and healthy nutrition, and decreased in tobacco use (CDC, 2015). Another case study conducted at H.J. Umbaugh and Associates in Indianapolis, Indiana used the CDC Workplace Health Model to successfully increase employees’ physical activity by creating a workplace health promotion program (CDC, 2015).

Step one of the Workplace Health Model is Assessment. It involves figuring out the factors that influence employee health at the individual level, organizational level, and community level. These factors can be found through conversations, opinion boxes, an employee health survey, or an environmental audit. It is important to involve the employees from the beginning to best achieve positive outcomes. This section also provides guidelines, tools, and resources to conduct the proper workplace health assessments.

Step two requires planning of the program. Establishing leadership and positions in the committee is key. Communication is the major process of this step of program planning. This step is the beginning of selecting components to address the majority of the employees.

Once the team is established and roles are given step three begins with implementing the program. This step involves four major categories that need to be addressed: health-related programs, health-related policies, health benefits, and environmental supports. Step three also includes implementing these products into the workplace.

Step four involves the evaluation of the programs that were implemented to assess how effective they are over time, received by the employees and management, and the overall program's return on investment. The CDC offers a scorecard to assess if the evidence-based program was implemented correctly and efficiently (Centers for Disease Control and Prevention, 2014). One main study done by Emory University's Institute for Health and Productivity Studies, and four other studies that followed, confirmed the scorecard is valid and reliable (Centers for Disease Control and Prevention, 2014). The case studies used to implement a program using the CDC's Workplace Health Model, also evaluated the program by using the scorecard. The Greater Lakes Mental Healthcare found that 83% of the employees were supportive of the change and 60% agreed this program adds value to their job (CDC, 2015). The purpose was to use this model to help develop strategies to combat obesity in the occupational setting. The scorecard can be found here:

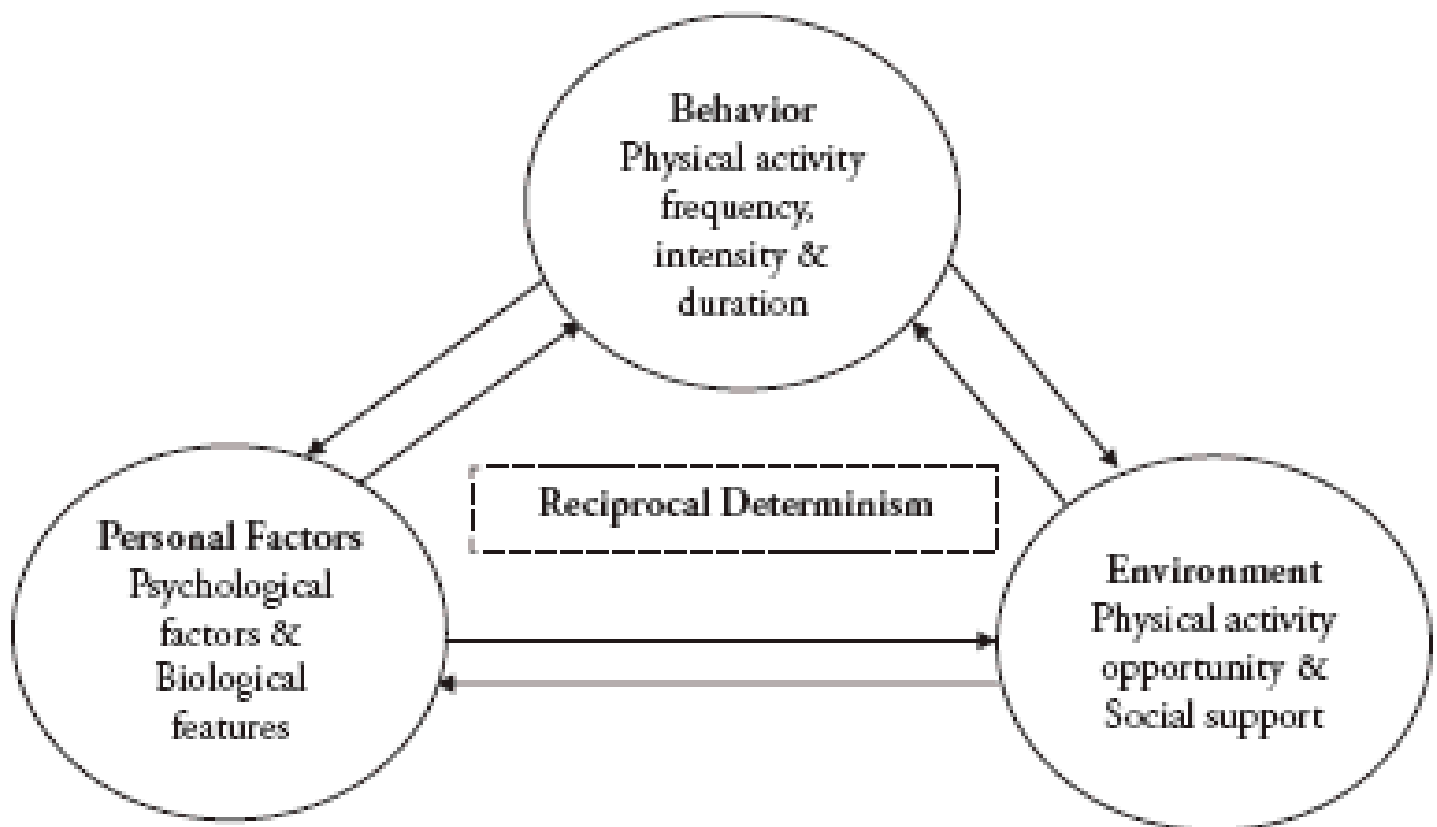
https://www.cdc.gov/dhdsp/pubs/docs/HSC_Manual.pdf.



Figure 1.1 Workplace Health Model

Social Cognitive Theory

Another model that was useful when developing workplace wellness products was the Social Cognitive Theory (Milliken, 2017). This theory suggests that individuals learn by observing and interacting with others through personal, environmental, and behavioral factors. A study showed that using a Social Cognitive Theory-based approach to decrease sedentary behavior in an occupational setting was useful and they saw a positive impact (Wilkerson, et al., 2019). The products used provided education and skills for employees on a personal level. Frequency and duration of the use of the products were used for the behavior level. Providing the products I created and updated accessible to the employees and giving social support fell into the



environment level. This is a valuable model for physical activity and nutrition.

Nigg, Claudio & Geller, Karly. (2012). Theoretical Approaches to Physical Activity Intervention. The Oxford Handbook of Exercise Psychology. 10.1093/oxfordhb/9780195394313.013.0014

Figure 1.2 Key Elements of Social Cognitive Theory

Social Ecological Model

The Social Ecological Model (SEM) emphasizes multiple levels of influence and they relate across each level. The SEM provides a framework for intervening on health behaviors to improve the health outcomes. A study found that the levels of the SEM are associated with workplace behavior and may increase sedentary behavior if not properly addressed. (Mullane, et al., 2017) Many levels of the SEM can be addressed to decrease obesity in Kansas. It is best to use multiple levels of this model during an intervention to have more effectiveness (McLeroy, Stechler, Bibeau, Stechler, & Glanz, 1988). I chose to focus on combating obesity at the individual, interpersonal, organizational, and policy levels in the workplace by designing a multi-level intervention.



Figure 1.3 Social Ecological Model

Lee, Barbara & Bendixsen, Casper & Liebman, Amy & Gallagher, Sue. (2017). Using the Socio-Ecological Model to Frame Agricultural Safety and Health Interventions. *Journal of Agromedicine*. 22. 10.1080/1059924X.2017.1356780.

Chapter 2 - Learning Objectives and Project Description

The purpose of my Applied Practice Experience (APE) was to create and establish effective workplace programs and policies to reduce the risks of sedentary lifestyles and improve overall quality of life for the Kansas Department of Health and Environment (KDHE) employees.

Learning Objectives and Expectations:

- Create a needs assessment for KDHE employees to address health in the workplace.
- Create and establish a Worksite Wellness Committee.
- Create and implement products to improve the health in the workplace.
- Learn the steps of implementation for products through KDHE.
- Work interprofessionally to create products.

The projects were completed during an internship at KDHE located at Curtis State Office Building in Topeka, KS. They serve the people of Kansas. Their mission is “To protect and improve the health and environment of all Kansans” (KDHE, n.d.). KDHE’s vision is “Healthy Kansans living in safe and sustainable environments” (KDHE, n.d.). KDHE consists of three divisions: Environment, Health Care Finance, and Public Health. My internship was within the Public Health division in a subgroup called physical activity and nutrition (PAN). When I first arrived at KDHE my preceptor was Jennifer Church. For the main product I was to complete, I worked with Kansas Department of Transportation (KDOT) to implement action items in the revised Kansas State Highway Safety Plan. I was to learn the software system called the Pedestrian and Bicycle Crash Analysis Tool (PBCAT). I would have entered pedestrian and bike crash data and their locations using police reports. Unfortunately, I was unable to complete this project due to technology related complications. The PBCAT system was too old to work on the new systems at KDHE and KDOT. I spent a few weeks working with Jennifer and an employee at KDOT to fix these errors. However, it could not be completed during my time at the internship. It was decided to postpone this project until hopefully later in the

year. During this time, my preceptor accepted a job at KDOT and left KDHE. I was given a new preceptor at KDHE to finish my internship. It took a couple of weeks to search and find new products to create and update. Jordan Roberts was now the lead preceptor during the internship. She has a Bachelor of Science in Kinesiology and has been working in the public health field at KDHE for over four years. She is currently obtaining a Master of Public Health degree. I worked with her and two other preceptors (Warren Hays, Emily Carpenter) in the PAN program, tobacco, and the Capitol Midweek Farmers' Market.

To successfully create products for these programs, I helped create a Worksite Wellness Committee, attended meetings, interacted and worked with interprofessional teams, found evidence-based research, voiced ideas and opinions, and overcame obstacles. A worksite wellness committee was needed to successfully improve the physical activity and nutrition at the workplace. The CDC's Workplace Health model suggested this. Two employees and I created a committee to help establish a worksite wellness program at KDHE, called "Well @ Work." This was the first step in the process to reach the goals of decreasing obesity in the workplace.

Meetings

I had meetings on a weekly basis that involved worksite wellness through many categories. I scheduled biweekly meetings with the Well @ Work committee and led some of the meetings within that committee. Well @ Work meetings involved updates of completed tasks, new ideas and implementations, and goals and products for Well @ Work. Many of the products discussed were limited or abolished due to the lack of resources. With the limited budget the team created essentially free products for the workplace to increase their physical activity and nutrition wellness. I also attended meetings about tobacco prevention, Capital Midweek Farmer's Markets, webinars, epidemiologist meetings, and APE meetings. Those all greatly involved interprofessional teamwork.

Products

The products' primary focus areas were to prevent and decrease sedentary behaviors in the workplace through physical activity and nutrition. The products I worked on involved worksite wellness initiatives at KDHE (worksite wellness policy, Well @ Work stretching videos, and Well @ Work nutrition table tents), Complete Streets Legislation, and I updated the Action Guide for Government Agencies on the Food and Nutrition Environment. Through the literature review, budget, and resources it was determined to create these products.

Physical Activity Products

To help increase physical activity, I developed three products that were based on the models discussed in chapter one.

Well @ Work Stretching Videos. One product, Well @ Work stretching videos, focused on educational and instructional components to help increase self-efficacy and skill building. The Well @ Work group choose to focus on small, informative information to entice the employees in self-efficacy changes. The group focused on ideas that would establish short, small changes that would lead to greater change and motivation. I came up with an idea to incorporate stretching videos, called "Well @ Work Stretching Videos" for KDHE employees. The worksite wellness committee agreed with this product. We realized many employees may not know how to properly stretch, especially the muscles used during a desk job. I focused on researching the major muscles used or muscles that tighten up in the office setting and on chronic injuries occurred in the office setting due to poor flexibility (Gasibat, Simback, & Aziz, 2017) (Hadgraft, et al., 2016). I also used my own background as an Athletic Trainer to find which major muscles should be stretched. Using my knowledge, I know it is best to focus on the whole body because of the kinetic chain. Our plan was to make stretching breaks in the office setting the social norm. To establish that we needed to figure out ways to incorporate stretching every day in the office. During meetings that were 30 minutes or longer we wanted to implement a 3-minute stretching break

every 30 minutes. This is recommended through the American Diabetes Association (Colberg, et al., 2016) (Tunwattananpon, Kongkasuwan, & Kuptniratsaikul, 2016) (Delshad, Tawafian, & Kazemnejad, 2019). These videos would assist during the stretching breaks by showing the video and having group stretching. An example of one of the videos can be accessed in Appendix 2.

Worksite Wellness Policy. The second product was the development of a Worksite Wellness Policy for the employees at KDHE. We planned for the policy to focus on long-term goals and would be implemented in the future. The main reason we decided to implement this policy in the future is due to wanting to ease the employees into worksite wellness. Through evidence-based research, it is best to make the employees believe they are wanting the change and embrace it, instead of being forced to change. The purpose of the policy is to promote and establish knowledge and participation in physical activity and healthy eating throughout the worksite. This section will focus on physical activity; nutrition will be discussed later. My responsibilities were to fully create a policy that would fit KDHE employees. I completed research on other worksite wellness policies and the evaluation of those policies. I established the physical activity portion in this policy to involve personal, behavior, and environmental changes. The worksite wellness committee's long-term goal was to create and finalize a Worksite Wellness Policy. This policy can be found in Appendix 3.

Complete Streets Legislation. The third product was creating a Complete Streets Legislation. Complete Streets “are designed and operated to enable safe access for all users, including pedestrians, bicyclists, motorists, and transit riders of all ages and abilities” (Smart Growth America, n.d.). Complete Streets help improve equity, safety, and public health creating a livable community (Smart Growth America, n.d.). Complete Streets was given as a product by my former preceptor, Jennifer Church. I was given the old Complete Streets Legislation from 2012 and my job was to re-create a new Complete Streets Legislation. All statistics and information were found through government sites and research articles. Based off a study, they recommended having safe walking areas will

help prevent obesity in the workplace (Lii, et al., 2018). The Complete Streets Legislation can be found in Appendix 4.

Nutrition Products

To help increase nutrition, I developed three products that were based on models discussed in chapter one.

Well @ Work Nutrition Table Tents. Well @ Work Nutrition Table Tents were planned to help educate the employees at KDHE. The Worksite Wellness Committee, that I was a part of, decided this product would be suitable for the employees and I created the product. An employee suggested I complete a self-observation walk through of the Curtis Office Building (See appendix 5). A study suggested to offer classes on nutrition and offer appealing healthy choices because this study found that these items help increase nutrition knowledge and increase eating healthy (Lii, et al., 2018). Due to the budget we had, the table tents were the best that could be offered. The table tents are shown in Appendix 6.

Worksite Wellness Policy. The next product was the development of a Worksite Wellness Policy for the employees at KDHE. Above explained the physical activity portion, this one will explain the nutrition portion of the policy. I established nutrition in this policy to involve personal, behavior, and environmental changes. I wanted to focus on changes that would make healthy eating the easy and most accessible choice. I also wanted to educate the employees on what they are putting into their bodies. This policy can be found in Appendix 3.

Action Guide for Government Agencies on the Food and Nutrition Environment. The third product was to update the Action Guide for Government Agencies on the Food and Nutrition Environment. The purpose of the action guide is to recommend strategies to improve the nutrition environment and implement responsible food waste reduction systems in Kansas government

agencies. This full action guide included: how to properly create a wellness committee; use WorkWell KS resources; work with the Business Enterprise Program; implement a food and beverage policy; use price, placement and promotion strategies; reduce food waste; examples of food and beverage policies; and additional resources. To fully update this action, it was planned for me to contact two other agencies: Business Enterprise Program and KDHE bureau of Waste Management. I received information on what needed to be updated or changed and read through myself to see items that needed to be updated. This product can be found in Appendix 7.

Chapter 3 - Results

The products completed during my internship at KDHE were not implemented or evaluated during my time there due to time limitations discussed more in chapter 4. The Well @ Work Stretching Videos, Worksite Wellness policy, Complete Streets Legislation, and Well @ Work Nutrition Table Tents were all researched and created by myself; sent to my preceptors for edits, reviews, and suggestions; I then incorporated those suggestions into the products; and resent to my preceptors for proper implementation.

Well @ Work Stretching Videos

I used my own knowledge as an Athletic Trainer, and research articles to establish the best stretches for the office setting (Mayo Clinic, 2019). I choose a comprehensive set of stretches focused on common workplace injuries (e.g., neck, back, wrist, etc.). The purpose of the videos were to demonstrate how to properly complete each stretch. A total of nine videos were created. The nine videos were stretches focusing on the neck, shoulders/arms, wrists/hands, chest, back, hips while standing, hips while sitting, lower leg, and ankle/feet. I planned out the filming of each video. I worked with another employee to discuss the video length, best areas for the videos to be shown, and best location to film the videos. It was determined to keep videos below two and a half minutes, and film the videos in both the cubicles and the conference rooms. I worked with a video tech employee to create the stretching videos. We met to film the videos, he then would edit them, I reviewed the videos to suggest changes, we reshot some of the stretches, and then the employee finished editing the videos. Each video began with a title of the body parts to be stretched, the appropriate amount and length for each stretch, facts about stretching, and when to discontinue the stretch if negative effects occurred. These stretching videos were planned to be placed and aired in their "Friday Flash," a weekly newsletter sent to all employees; they would be also posted on social media, like Twitter, Facebook, and Instagram to reach a larger population. The estimated date of the implementation of the videos to the weekly

newsletter can be seen in Appendix 8; with the first video schedule on the Friday Flash on October 4th, 2019. An example of one of the videos can be accessed in Appendix 2.

Worksite Wellness Policy

I developed a worksite wellness policy to fit the needs and necessities of worksite wellness at KDHE. Through the development process, I provided updates to the worksite wellness committee and requested input and feedback. To create the policy, I used other KDHE policies and worksite wellness policies at other sites (Hipp, et al., 2017) (Bailey, Coller, & Porter, 2018) (Department of Health Services; Division of Public Health; Chronic Disease Prevention, 2018) (Bureau of Health Promotion Utah Department of Health, 2013). Based on previous examples, I established the following policy sections: purpose, directive affected, applicability, discussion, organization, requirements, liability, and implementation. The organization section involved creating a worksite wellness committee and outlining their roles and duties, having planned meetings, and establishing funding. The requirements section included outlining provisions for nutrition, physical activity, incentives, and assessment.

I created a section of the policy to include nutrition guidelines for KDHE. The Nutrition Standards and Guidelines, adapted from the Food Service Guidelines for Federal Facilities, addressed providing healthy options for vending machines (at least 50% of the food and beverages), cafeterias; and KDHE-provided meals (Food Service Guidelines Federal Workgroup, 2017). The break rooms are required to provide essential support for healthy eating such as refrigerator, freezer, sink, and microwave oven. It also entails that water will be made freely available and table tents (informational tabletop signage) on healthy food guidelines and practices should be distributed. Nutrition labels also had to be provided on vending machines and cafeteria food and beverages.

The second section I created of this policy involved physical activity promotion. The new policy requires breaks during meetings that are over 30 minutes to help break up sedentary behavior. Some examples of physical activity meeting breaks include standing up, stretching, or a brief walk. The policy also promoted walk-and-talk meetings. The physical activity policy recommends the organization to provide on-site

and safe physical activity resources and supports such as exercise facilities, showers, changing rooms, bicycle racks, walking routes, and motivational signs, to promote physical activity and nutrition, at no cost to the employee. The policy also recommends implementing flex-time hours to encourage physical activity during the typical 8am-5pm workday. Flex-time hours gives employees the option to either arrive later, leave earlier, or take an extended break to achieve physical activity. Employees are still required to work their full shift, meaning if they arrived later in the day, they would have to stay later in the day. The policy also encourages employees to bring and use small exercise equipment during breaks.

The incentive provisions recommended wellness related discounts for employees. Examples of discounts include receiving a monthly cycle mileage reimbursement for employees who biked to work KDHE sponsored free or low-cost programs like fitness and nutrition classes, monthly health challenges, and annual health screenings. The policy also suggested that KDHE provide outreach ergonomic assessments by request and offer opportunities to obtain standing desk and ergonomic chairs. Employees who participate in healthy behaviors that meet the criteria of their State Employee Health Plan should be eligible to receive a discount on insurance premiums.

The assessment provisions included recommendations for assessment training, implementation of evaluation measures such as surveys, and comments. KDHE's KS-TRAIN will offer courses annually that will cover physical activity guidelines, nutrition guidelines, and KDHE's resources; all created and reviewed by the Worksite Wellness Committee. The committee will also utilize the CDC Workplace Health Scorecard (CDC, 2019). The employee surveys will be created, distributed, and assessed annually by the Worksite Wellness Committee. Employees may contact the committee if they have any comments, questions, or concerns.

The policy was completed as a draft but, the policy was not implemented during my internship. A copy of the policy can be found in Appendix 3.

Complete Streets Legislation

I created a complete streets legislation document using the format from a previous version from 2012. I incorporated updated statistics and scenarios obtained from evidence-based research to complete this task. The sections of the complete streets legislation included: definitions, issue definition, background, recommendations, exceptions, legislative implications, impact on other agencies, fiscal impact, outcomes, allies, potential issues and strategies, and references/resources. Within the outcome section, the complete streets legislation focused on improving physical activity, safety, infrastructure and economics. After the draft complete streets legislation was completed and reviewed by my preceptors, I sent the draft to an epidemiologist to review the statistics. By the time this was completed, my original preceptor Jennifer Church had already left KDHE. Given this product originated with her, the future implementation of this product is unknown at this time. Although my other preceptors were not associated with the implementation of this document, they found where it should be published. It will be published in the Kansas Governor's Council on Fitness in the future. A copy of the complete streets legislation document can be found in Appendix 4.

Well @ Work Nutrition Table Tents

The Worksite Wellness Committee choose to implement table tents on all five stories of the Curtis State Office Building. Table tents are informational/educational signs designed to be placed on tablet tops. My first task included figuring out how many tables and spaces existed to create the right amount of table tents to be proficient and not overbearing. I completed a self-observation walkthrough on each of the five floors. The items I observed during these walkthroughs included counting kitchens, breakrooms, gathering spots, lounge areas, cafeterias, number of tables, and candy jars. Conference rooms, wall space, and gathering spots were also assessed for future worksite wellness planning initiatives (see Appendix 5). Along with the Worksite Wellness Committee I developed a plan on how often to replace each table tent to keep the information new and enticing. We chose to replace the table tents every two weeks. All nutrition information was sourced from CDC and USDA nutrition guidelines. After creating the information, I worked with an epidemiologist to confirm its accuracy. Then I

worked with an employee to enhance the design of the table tents. We created the table tents to look pleasing to the eye and flashy so employees would notice and read them. I met again with the same epidemiologist to confirm the table tents information was correct and understandable to the general employee. A total of seven nutrition table tents were created including one with facts about eating healthy and the others on the MyPlate.gov food groups: vegetables, fruits, protein, grains, and dairy. Each table tent included a picture highlighting the item on MyPlate.gov, a reference photo for the recommended amount, recommended amounts, nutrition facts, and citations. During my last week at KDHE we were on the last step to finalize and use them. Due to time restraints the product was not implemented during my time at KDHE. The table tents are shown in Appendix 6.

Action Guide for Government Agencies on the Food and Nutrition Environment

I completed edits and revisions on the Action Guide for Government Agencies on the Food and Nutrition Environment. I established connections and worked with the Business Enterprise Program and KDHE Bureau of Waste Management on updating and receiving correct information for the action guide. Through reliable research articles, government websites, and help from an employee, Warren, I updated the statistics and information. Warren was the head of this action guide and also assisted with reviewing the revising. The Action Guide was updated using information from state agencies to government agencies, updated facts and information to meet the current recommendations, updated all the hyperlinks, removed outdated/inadequate information, changed the photos, and checked and reviewed all the references. The information updated is highlighted yellow, except for the information that was removed from the action guide. At the end of my internship, we were still waiting on the final updates from our collaborators regarding approval on their section. This product can be found in Appendix 7.

Chapter 4 - Discussion

Lessons Learned

These products were created through the teamwork, commitment, collaboration, and dedication within KDHE. Through this internship, I was able to work in a public health employee capacity and learned the flow of the workplace of a state level public health agency. By sitting in on all the meetings every week, I also learned more on how public health organizations function. From this internship, I learned that there is a lengthy process to implement products successfully. An extensive literature review must be done to establish evidence-based approaches and best practices for implementing successful strategies and products. It also took a long time to review and receive approval from a variety of committees and supervisors. An important step of the process was figuring out funding. I found out that this is a major limitation no matter what the positive impact could be from implementing the product. Many health promotion strategies that had strong evidence for improving physical activity and nutrition had to be altered, reduce, or changed altogether. I also recognized that public health has political influences that dictate budgetary decisions. It can also be challenging to convince a population of employees to adopt healthier physical activity and nutrition behaviors, even though it is clearly in their best interest.

Limitations

There were many constraints to create the development of the products. The main constraint was time. When I arrived at KDHE, my first preceptor was Jennifer Church. We had planned to work with KDOT on physical activity products related to active transportation. This involved meetings with a KDOT employee discussing how to use the software system for PBCAT. I started reviewing the steps and information. For a few weeks, the KDOT employee was figuring out how to implement the software on the computer or find another software system. However, the software was unable to download the required data because it was out of date, and there was not another software system that could be used. At that time Jennifer gave me the backup project, the Complete Streets Legislation. Within that same week, I found out that Jennifer

accepted a new job at KDOT and could no longer be my preceptor. She did find a new preceptor to take her place and Jordan Roberts kindly took over as my preceptor. Since this relationship was newly established, I met with Jordan and two other employees, Warren Hayes and Emily Carpenter, to review my requirements for the Masters of Public Health and we set up a plan and goals to achieve. We had to think of products that I could help with or establish products I could create. This process overall took up a little more than a month of my internship, reducing the time I had to develop products to about a month and a half. Having reduced time to create and establish these products affected my ability to implement and evaluate them.

The development and approval process also affected my ability to implement products. The products had to be passed and approved through various employees and pass each of their criteria. This took time due to decrease of employees in certain fields, especially within the epidemiologist's section. The epidemiologist that I worked with was supposed to send the products she approves onto another (middle) epidemiologist for review who then send to another (final) epidemiologist. The middle epidemiologist position was vacant, meaning initially reviewed documents would go straight to the final epidemiologist without a second review, causing in increase in review time for the final epidemiologist (who was higher up and had a busier schedule). There were products and documents that were listed as a higher priority than mine, so my products were put on hold to be reviewed.

The above-mentioned limitations were the biggest setbacks for implementing and evaluating all of these products. Another limitation was funding. There were ideas and interests to increase physical activity and nutrition that were not possible due to a lack of funds, which caused the creation of these low-cost to no-cost products that would still show an effect in the workplace. Some of those ideas were to change aspects of the physical building, complete evaluations of the environment, complete evaluations of employees' well-being, change desks to fit ergonomically, and others.

Another limitation was the availability of employees. All of the employees I worked with had multiple duties to accomplish by a certain time and taking on the role of preceptors increased their workload to help me accomplish my goals and plans. The length of the internship was another limitation. The time to research, plan, create, and

implement a product into the workforce, would take longer to finish than my time at the internship allowed.

Future Directions

The future directions of these products are to implement them at KDHE. The Worksite Policy will be implemented within a year, after the other products and changes take place. The Well @ Work Stretching Videos will be implemented in the weekly newsletter, making them accessible to every employee at KDHE. The Complete Streets Legislation will be in the Governor's Council on Fitness. The Well @ Work Nutrition Table Tents would be placed on each floor of the building and switched out every two weeks. The Action Guide for Government Agencies on the Food and Nutrition Environment direction would be released to be available for access to all government agencies in the US.

After each product gets implemented, collecting evaluation data to see if there is a positive increase for employees' active lifestyles in the workplace setting due to these products. This can be done through subjective measures like self-reported surveys, objective measures like fitness tracking device, physical activity log, and nutrition log. Pre and post surveys can be used to find improvements in the products as well as having a control vs non-controlled group. Cross-sectional data could also be used here.

In conclusion, from research, creation, observation, collaboration, and personal experience these products were fully developed. I have also increased my knowledge of an applied Public Health setting through this APE.

Chapter 5 - Competencies

Student Attainment of MPH Foundational Competencies

Competency # 9

Competency # 9 involves planning and management to promote health. The description is “design a population-based policy, program, project, or intervention.” All of my products addressed this competency. The Worksite Wellness Policy was designed to fit the needs of KDHE employees as a written policy to promote health through physical activity and nutrition. The Well @ Work Stretching Videos were completed as a product to enhance KDHE employees’ range of motion and comfort. The Complete Streets Legislation was created as a product to fit the needs of not only KDHE employees but for Kansans to promote health. The Well @ Work Nutrition Table Tents were completed as a product to enhance KDHE employees’ knowledge of healthy nutrition. The Action Guide for Government Agencies on the Food and Nutrition Environment is an action guide to promote all government agencies on proper food and nutrition and give proper resources as a guide. KIN 610 fit this competency through completing a needs assessment, use the social and behavioral theories, and evaluating physical activity interventions. KIN 612 fit this competency through article critiques on physical activity to promote health. MPH 754 also fit within this competency by using the principles and methods of epidemiology to recognize, understand, and solve challenges to treat and control disease which will help management of promoting health.

Competency # 12

Competency # 12 is within the Policy of Public Health category. The description is to “discuss multiple dimensions of the policy-making process, including the roles of ethics and evidence.” The Worksite Wellness Policy fit within this competency because it was created from scratch and ethics and evidence were used to support the policy. The Complete Streets Legislation used policy components using evidence and roles of ethics to information for the Kansas Governor’s council on Fitness. The Action Guide for Government Agencies on Food and Nutrition Environment had multiple levels to update,

and updated information was all obtained by using ethics and evidence. MPH 720, MPH 754, and MPH 802 fit within this competency. For example, MPH 754 focused on learning the principles and methods of epidemiology to properly assess the evidence and how to solve challenges within the health population through mock scenarios.

Competency # 14

Competency # 14 also is within the Policy in Public Health category. The description is to “advocate for political, social, or economic policies and programs that will improve health in diverse populations.” The Complete Streets Legislations was written for the Kansas Governor’s Council on Fitness to make a change in society that will improve the health of Kansans in diverse populations. MPH 720 and MPH 818 also suffice with this competency through establishing knowledge on political, social, and economic programs. For example, MPH 818 focused on the social and economic aspects by researching health issues and discussing them in class.

Competency # 19

Competency # 19 is within the Communication competencies. The definition is to “communicate audience-appropriate public health content, both in writing and through oral presentation.” Through my meetings, I orally presented my findings and updates on all my products. The products contained the information based on the needs of KDHE employees. I had completed communication in KIN 610, KIN 612, FNDH 880, and MC 750 through presentations and discussions. For example, in KIN 610 I had a couple of assignments where I had to identify a target market and communicate with public health officials and community stakeholders to create a successful physical activity intervention.

Competency # 21

Competency # 21 is within the Interprofessional Practice competency. The definition is to “perform effectively on interprofessional teams.” I worked with many different subdivisions within KDHE for different products. For the Well @ Work Stretching Videos, I worked with a video tech employee. I had meetings and worked with an epidemiologist on the Well @ Work Nutrition Table Tents. For the Action Guide

for Government Agencies on the Food and Nutrition Environment, I established connections and worked with the Business Enterprise Program and KDHE Bureau of Waste Management on updating and receiving correct information for the action guide. I also attended meetings with different groups at KDHE, which were Tobacco prevention, Chronic Disease prevention, and remote employees. Classes that fit within this competency are KIN 612, MPH 720, and MPH 818 through communicating and working effectively with professionals in health. For example, KIN 612 we worked with a group of students with different backgrounds to work effectively to develop a policy intervention and then present it to the class.

Table 5.1 Summary of MPH Foundational Competencies

Number and Competency		Description
#9	Planning and Management to Promote Health	Design a population-based policy, program, project or intervention
#12	Policy in Public Health	Discuss multiple dimensions of the policy-making process, including the roles of ethics and evidence
#14	Policy in Public Health	Advocate for political, social or economic policies and programs that will improve health in diverse populations
#19	Communication	Communicate audience-appropriate public health content, both in writing and through oral presentation
#21	Interprofessional Practice	Perform effectively on interprofessional teams

Student Attainment of MPH Emphasis Area Competencies

Competency # 1

Competency # 1 is population health. The definition is to “investigate the impact of physical activity on population health and disease outcomes.” For the Worksite Wellness Policy there was a need to conduct a literature review to find the population health and disease outcomes for office setting employees. The Complete Streets Legislation required updated information on the impact of physical activity for population health. This product also used examples of successful Complete Streets within

legislation with the US. Within the Action Guide for Government Agencies on the Food and Nutrition Environment there is a section on the background and purpose which involved providing evidence-based research to support the increase of physical activity in the population and decrease the disease outcomes. Emphasis classes that supported this competency are KIN 612, KIN 805, KIN 896, and FNDH 880 article critiques and class discussions on population health. For example, KIN 612 I completed a peer-reviewed article critique based on physical activity and built environment and then lead a class discussion on that article.

Competency # 2

Competency # 2 is social, behavioral, and environmental influences. It is defined as “Investigate social, behavioral and environmental factors that contribute to participation in physical activity.” For the Worksite Wellness Policy, I used evidence-based research to find social, behavioral and environmental influences that would affect physical activity within KDHE. Complete Streets reviewed mostly environmental aspects but also inquired on the social and behavioral aspects of the effects on Complete Streets. The Action Guide for Government Agencies on the Food and Nutrition Environment used ideas and resources to recommend changes in the social, behavioral, and environmental influences to increase physical activity and nutrition within the government agency. Emphasis classes that support this competency are KIN 610, KIN 805, KIN 896, FNDH 880, MPH 818, and MC 750 through conducting a needs assessment that includes social, cultural, and environmental elements to support physical activity programs. For example, KIN 610 I had an assignment that I conducted a mock community needs assessment to include social, cultural, and environmental elements that would support my physical activity intervention idea.

Competency # 3

Competency # 3 is theory application. The definition is to “Examine and select social and behavioral theories and frameworks for physical activity programs in community settings.” Social cognitive theory, SEM, and the self-efficacy model were all used to help create the Well @ Work Stretching Videos for optimal success. Emphasis classes that support this competency are KIN 610, KIN 805, KIN 896, MPH 818, and

MC 750 by learning, discussing, and using social and behavioral theories for physical activity. For example, MC 750, I researched six articles all pertaining to a different theory. Completed a reflection paper on each article with potential discussion questions and then discussed each article and it's theory with the class.

Competency # 4

Competency # 4 is developing and evaluating physical activity interventions. It is defined as "Develop and evaluate physical activity interventions in diverse community settings." The Worksite Wellness Policy used this competency to enact a policy intervention for office setting employees at KDHE. The Well @ Work Stretching Videos is an intervention employees can access at any point in time. The Action Guide for Government Agencies on the Food and Nutrition Environment used this competency to develop an action guide for government agencies to start their own physical activity and nutrition interventions. It is designed to give them access to create a successful intervention. Emphasis classes that support this competency are KIN 610, KIN 612, KIN 625, KIN 805, and KIN 896 by creating or evaluating a theory and then develop a comprehensive evaluation on the study design and outcome. For example, KIN 610, I was in a small group to create an intervention for physical activity in diverse community settings. Our group focused on increasing physical activity with people diagnosed with a severe mental illness. After we created the intervention, we designed an evaluation plan including the study design, outcomes, and process measures.

Competency # 5

Competency # 5 is support evidence-based practice. It is to "create evidence-based strategies to promote physical activity and communicate them to community stakeholders. The Worksite Wellness Policy was completely created using evidence-based practice to establish a policy to increase physical activity within KDHE. The Well @ Work Stretching Videos used evidence-based practice to create the stretches and for the layout of the videos. The Action Guide for Government Agencies on the Food and Nutrition Environment specifically used evidence-based research to create the layout of the action guide. It was also used to give links and intervention ideas to research and create. Emphasis classes that support this competency are KIN 612, KIN 625, KIN 896,

and FNDH 880 by implementing evidence-based practice and communicating the results in discussions. For example, KIN 612, a small group and I developed an evidence-based policy intervention.

Table 5.2 Summary of MPH Emphasis Area Competencies

MPH Emphasis Area: Physical Activity		
Number and Competency		Description
1	Population Health	Investigate the impact of physical activity on population health and disease outcomes.
2	Social, behavioral and environmental influences	Investigate social, behavioral and environmental factors that contribute to participation in physical activity.
3	Theory application	Examine and select social and behavioral theories and frameworks for physical activity programs in community settings.
4	Developing and evaluating physical activities interventions	Develop and evaluate physical activity interventions in diverse community settings.
5	Support evidence-based practice	Create evidence-based strategies to promote physical activity and communicate them to community stakeholders.

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Appendixes

Appendix 1. Workplace Health Promotion Development Checklist

Workplace Health Program Development Checklist

Assessment

- ☐ A site visit or site review of the workplace has been conducted.
 - Interviews with key managers and employees conducted
 - Environmental assessment performed
 - Write site visit report
- ☐ An inventory of current health-related activities has been completed.
 - Programs and services reviewed
 - Policies reviewed
 - Benefits reviewed
 - Environmental changes reviewed
- ☐ Data on employee health has been collected.
 - Determine method(s) of data collection (e.g., paper, electronic, focus group)
 - Determine topic areas of interest (health status, health behavior, use of preventive services, etc.)
 - Administer the survey
 - Analyze data
- ☐ Data on health care and pharmaceutical claims has been collected.
 - Determine the period of review, unit of analysis, and diseases and conditions of interest
 - Obtain data from health insurance provider(s)
 - Analyze data
- ☐ Review additional organizational data related to employee health.
 - Employee demographics
 - Organizational structure
 - Health benefits plans
 - Time and attendance
 - Vacation, overtime, sick leave policies
 - Injuries, disability, and worker's compensation
 - Employee engagement survey
- ☐ Write an integrated workplace health assessment report

Planning/Workplace Governance

- ☐ Support from leadership including senior executives has been received.
- ☐ A workplace health committee or council has been formed.
 - Workplace Health Coordinator identified
 - Committee has representatives from a broad range of organizational units
 - Committee has diverse representation of managers, employees and their representatives (unions), and community organizations
- ☐ The necessary resources to conduct the workplace health program have been secured.
 - Staffing
 - Space
 - Finances such as vendor contracts or incentives
 - Partnerships with community organizations
 - Equipment, materials and supplies
- ☐ A workplace health improvement plan has been written including:
 - A vision and mission statement
 - Measurable goals and objectives aligned with overall business objectives
 - Priority interventions with timelines and budget are selected
 - Defined roles and responsibilities for key stakeholders including vendors or community partners
 - An evaluation plan
 - A communication plan
- ☐ Communications
 - Program has branded the health strategy, including a logo
 - Target audience(s) identified and background information such as demographics, interests, and information preferences obtained
 - Materials and messages are culturally competent, relevant, and at a sufficient level of health literacy
 - Messages use a variety of channels such as e-mail, newsletters, intranet, etc.
- ☐ Data Collection and Analysis
 - Establish a routine data collection system of important health indicators
 - Determine how data will be stored and who will have access to it
 - Regularly report progress to key stakeholders

Implementation

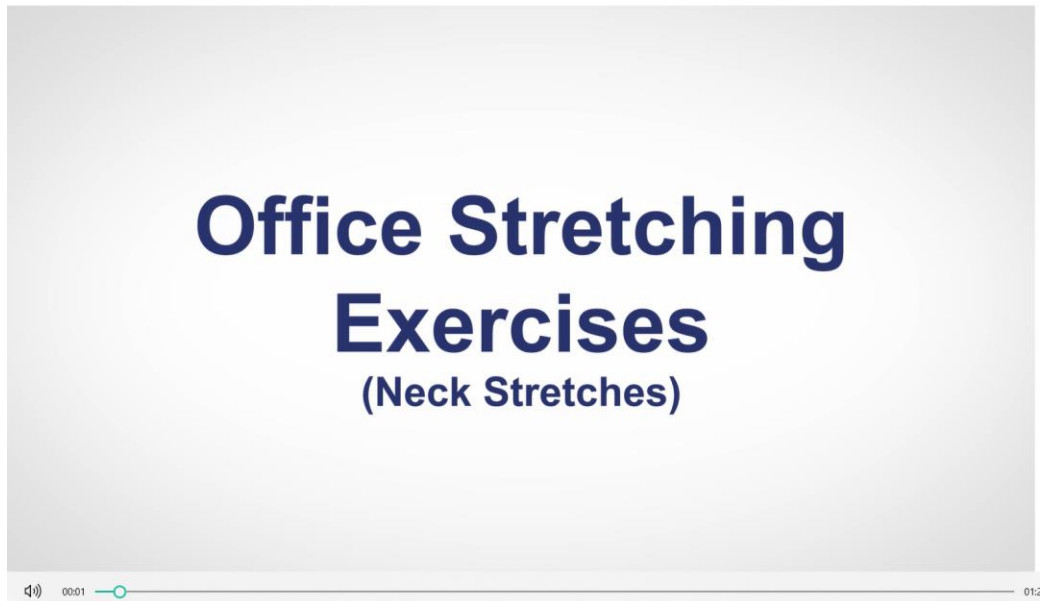
- ☐ Strategies and interventions are first pilot tested on a smaller scale.
- ☐ Strategies and interventions are put in place according to the workplace health improvement plan timelines and budget.
- ☐ Protocols from health-related programs are implemented as proposed (i.e., program fidelity).
- ☐ Feedback on the process steps taken should be collected at regular intervals during the program's implementation.

Evaluation

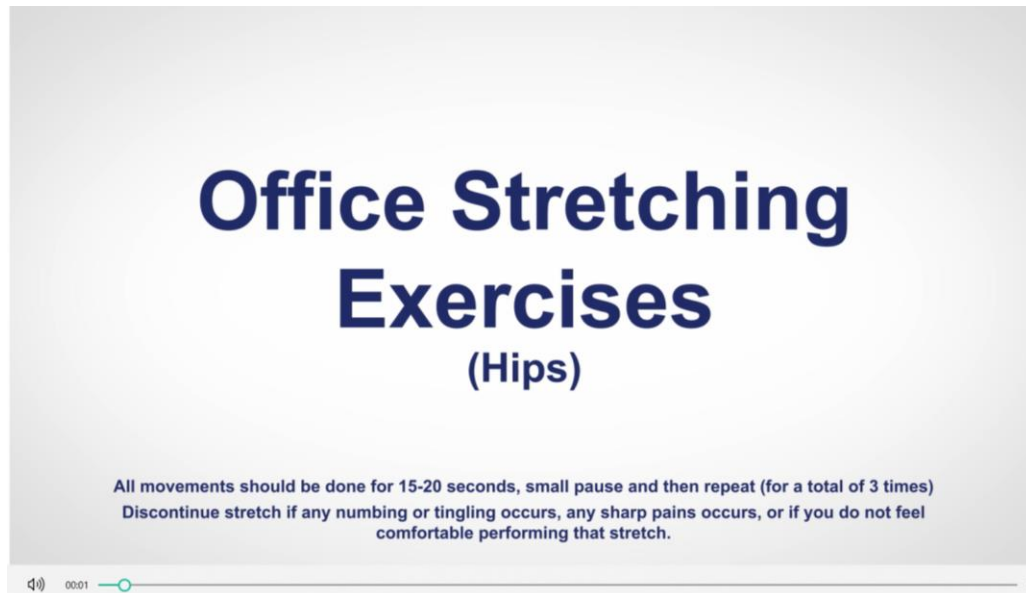
- ☐ Use the CDC framework for program evaluation to develop an evaluation plan.
 - Engage stakeholders
 - Describe the program
 - Focus the evaluation design
 - Gather credible evidence
 - Determine baseline measures (from assessment findings)
 - Benchmark against national, state or industry specific data
 - Determine process measures
 - Determine outcome measures
 - Justify conclusions
 - Ensure use and share lessons learned

Source: <https://www.cdc.gov/workplacehealthpromotion/pdf/WorkplaceHealth-Checklist.pdf>

Appendix 2. Example Well @ Work Stretching Videos



Link to video: https://ksuemailprod-my.sharepoint.com/:v:/g/personal/kbardouche_ksu_edu/ESKS2gg9KWFqZWwEAXxWFYBHof6_20AiOrcSO33kpPWWw?e=TIjGCn



Link to video: https://ksuemailprod-my.sharepoint.com/:v:/g/personal/kbardouche_ksu_edu/EWXefbJ00BZKg-tvcktFiBoB2Q1Ex27QuxA1_2hY4ULTNQ?e=X3H27R

Appendix 3. KDHE Worksite Wellness Policy

Division of Public Health
Curtis State Office Building
1000 SW Jackson St., Suite 300
Topeka, KS 66612-1368

Lee A. Norman, M.D., Secretary



Phone: 785-296-1086
www.kdheks.gov

Laura Kelly, Governor

KDHE I.D. XX

KDHE INTERNAL DIRECTIVE XX

Subject: **Kansas Department of Health and Environment (KDHE) Worksite Wellness Policy.**

- 1) **PURPOSE.** The purpose of this policy is to promote and establish knowledge and participation in physical activity and healthy eating throughout the worksite. KDHE is committed to providing employees with a safe, healthy and supportive environment that recognizes the importance of the physical and mental wellbeing of our employees and their families. KDHE is an organization promoting health throughout the state and it is important that we serve as a model for other agencies and businesses in our communities. This policy will help further the mission of KDHE.
- 2) **DIRECTIVE AFFECTED.** This is a new directive.
- 3) **APPLICABILITY.** This policy is applicable to all employees and management within KDHE.
- 4) **DEFINITIONS.**
 - Break Room – A room in a public building or worksite set aside for coffee breaks, lunch breaks, snacking etc.
 - Healthy Behaviors – Promoting and maintaining a healthy lifestyle.
- 5) **DISCUSSION.** This policy was created to decrease sedentary behavior and poor eating habits among KDHE employees and to increase their knowledge and participation in physical activity and healthy eating while at work. This policy should improve employee health, increase bodily movement, increase workforce productivity, reduce absenteeism, and improve financial outcomes for each employee and for KDHE. To sustain an effective worksite wellness program, it is essential to increase awareness and implement these practices into the worksite. An active and effective worksite wellness committee is the first step to achieve these goals. The committee should be composed of employees working collaboratively to achieve the best outcomes.
- 6) **ORGANIZATION.** The Worksite Wellness Committee shall consist of at least the following components:
 - a. Worksite Wellness Committee Members.
 - i. The Worksite Wellness Committee will have at minimum four members to provide an abundance of knowledge, support, and diversity. It is recommended to have at least one representative from each division and bureau within KDHE. Committee members representing the various divisions, bureaus, and sections within KDHE will improve ideas and innovations, and provide democratic and representative oversight and decision-making.
 - b. Duties.
 - i. Committee members shall develop, implement, promote, execute, and participate in worksite wellness recommendations for physical activity and healthy eating. Committee members will review and evaluate this policy annually. Committee members have the option to conduct an objective long-term study on this policy to evaluate interventions. A president, secretary, and treasurer should be established to provide organization and ease. This committee should adapt and establish worksite guidelines for emotional and mental health wellness, tobacco prevention and cessation, and stress management.

- c. Meetings.
 - i. Monthly meetings should occur to update information, stay on the agenda, and promote new evidence-based ideas.
- d. Funds.
 - i. The Worksite Wellness Committee should utilize available resources within State government, apply for grants and host fundraising events. If funds are unavailable, promote and focus on free activities.

7) **REQUIREMENTS.**

Section 1: Nutrition Provisions

1.1: Nutrition Standards and Guidelines

KDHE shall abide by the Nutrition Standards and Guidelines, as adapted from the Food Service Guidelines for Federal Facilities, published in 2017. Where nutrition information is available for prepared meals, snacks, and beverages, the following nutrition standards will be met for at least 50% of food products:

Prepared Foods

This category includes foods that are fresh, cleaned, cooked, assembled (e.g., salad or sandwich) or otherwise processed and served “ready-to-eat.” Prepared foods include those that are made and served on site, or those prepared at a central kitchen and then packaged and distributed to other locations. These foods have a relatively limited shelf-life (compared to packaged snacks) and can be sold in any food service venue. Examples of prepared foods include hot entrées, side dishes, soups, salads, deli sandwiches, and fresh whole fruits and vegetables.

Category	Standards
Fruits & Vegetables	Offer a variety of seasonal, fresh, canned, frozen, dried and cooked or raw fruits and vegetables.
Grains	Offer half of total grains as “whole grain-rich” products.
Dairy	Offer a variety of low-fat dairy products (or dairy alternatives), such as milk, yogurt, cheese and fortified soy beverages.
Protein Foods	Offer a variety of non-fried protein foods, such as seafood, lean meats and poultry, eggs, legumes (beans and peas), nuts, seeds and soy products.
Desserts	Offer 25% of desserts containing ≤200 calories as served.
Sodium	<ul style="list-style-type: none"> ➤ All meals offered contain ≤800 mg sodium. ➤ All entrees offered contain ≤600 mg sodium. ➤ All side items contain ≤230 mg sodium.
Trans Fats	All foods do not include partially hydrogenated oils.

Packaged Snacks

This category includes processed foods that are packaged in small portions or individual servings, are widely distributed, and have a relatively long shelf-life (compared to prepared foods). Packaged

snacks include food items such as granola bars, chips, crackers, raisins, and nuts and seeds. These foods can be sold in any venue, such as vending machines or “grab-n-go” areas of cafeterias.

Category	Standards
Sodium	All packaged snacks contain ≤200 mg sodium per package.
Trans Fats	All packaged snacks have 0 grams of trans fat.
Food Standards	<ul style="list-style-type: none"> ➤ Have as the first ingredient a fruit, vegetable, a dairy product, or a protein food; or ➤ Be a whole grain-rich product; or ➤ Be a combination food that contains at least ¼ cup of fruit and/or vegetable. <p>AND</p>
Nutrient Standards	<ul style="list-style-type: none"> ➤ ≤200 calories per package ➤ <10% of calories from saturated fat (exemptions: reduced-fat cheese and part skim mozzarella; nuts, seeds, and nut/seed butters; and dried fruit with nuts/seeds with no added nutritive sweeteners or fats. ➤ ≤35% of weight from total sugars in foods (exemptions: dried/dehydrated whole fruits or vegetables with no added nutritive sweeteners; dried whole fruits or pieces with nutritive sweeteners required for processing and/or palatability; products consisting of only exempt dried fruit with nuts and/or seeds with no added nutritive sweeteners or fats.)



Beverages

This category includes drinks such as water, milk, 100% juice, soft drinks, energy drinks, teas and coffees.

Category	Standards
Beverages	<ul style="list-style-type: none"> ➤ Provide free access to chilled, potable water. ➤ When milk and fortified soy beverages are available, offer low-fat beverages with no added sugars. ➤ When juice is available, offer 100% juice with no added sugars. ➤ At least 50% of available beverage choices contain ≤40 calories per 8 fluid ounces (excluding 100% juice and unsweetened fat-free or low-fat [1%] milk).



1.2: Break Rooms and Commons

Clean unflavored and unsweetened drinking water shall be made freely available to employees in breakrooms and common areas where employees or guests gather to eat or drink. Provide table tents on healthy food guidelines and practices listed in break rooms. KDHE is required to provide use of, at no cost and to employees, a sink, a refrigerator, a freezer, and a microwave oven in each break room.

1.3: On-site and Off-site Meetings, Events and Activities

When selecting and purchasing food and beverages for KDHE at on-site and off-site meetings, events and activities (including potlucks), staff must abide by the Nutrition Standards and Guidelines provided in this policy.

Every reasonable effort will be made by KDHE/ Wellness Committee to ensure that at least 50% of the food and beverage options offered to employees and guests meet the Nutrition Standards and Guidelines.

1.4: State Operated Vending, Cafeteria and Snack Bars

KDHE and the Wellness Committee will coordinate with the Business Enterprise Program in the Department for Children and Families to ensure that at least 50% of the food and beverage options offered to employees and guests in state operated vending machines, cafeterias and snack bars located in the Curtis State Office Building meet the Nutrition Standards and Guidelines included in this policy. Nutrition labels are required on vending machines, cafeterias, and snack bars located in the Curtis State Office Building.

Section 2: Physical Activity Provisions

2.1: Conference and Meetings

All conference room are required to have physical activity posters and table tents. Meetings lasting longer than 30 minutes will allow for staff to have two-minute stretching breaks every 30 minutes. Employees should be promoted to replace traditional sit-down meetings with walking meetings whenever possible.

2.2: Building Requirements

The Curtis State Office Building will provide an on-site exercise facility, showers, and changing rooms, at no cost for all employees. The Curtis State Office Building will have bicycle racks placed in (a) safe, easy, and convenient location(s). Safe and convenient walking routes will be posted near exits in the Curtis State Office Building. Motivational signs will be placed near stairwells and elevators encouraging employees and visitors to use the stairs when possible. The Worksite Wellness Committee will promote a healthy lifestyle through posters, signs, emails, and newsletters throughout the Curtis State Office Building.

2.3: Workspace

KDHE will encourage employee to bring and use, in their offices during breaks, small exercise equipment like putty, stretch bands, and yoga mats. KDHE employees will be given the opportunity to use flex-time hours to encourage them to engage in physical activity during the typical 8 am – 5 pm workday.

Section 3: Incentive Provisions

3.1: Discounts

Employees who bike to work will receive a monthly cycle mileage reimbursement to encourage active transportation. KDHE will offer sponsored programs available to employees, like gyms, races, and nutrition classes. Healthy behaviors, will receive a discount on insurance premiums.

3.2 Assessments

KDHE will provide ergonomic assessments for employees by request, and offer opportunities to obtain standing desks and ergonomic chairs. KDHE will offer free annual health screenings. Worksite Wellness Committee will offer monthly health challenges to complete.

Section 4: Assessment Provisions

4.1: Training

KDHE will require employees to take one KS-TRAIN course annually that covers physical activity guidelines, nutrition guidelines, and KDHE's resources to achieve these goals. The Wellness Committee will be required to create or find a course that will cover these topics for KS-TRAIN and review them yearly. KDHE/Worksite Wellness Committee should utilize the [CDC Workplace Health Scorecard](#).

4.2: Surveys and Comments

An employee wellness survey will be created by the Wellness Committee and distributed annually to provide insight and accommodations. The Wellness Committee will analyze the results of the employee wellness survey and determine where improvements to employee wellness can be made. At any time, employees may contact the Worksite Wellness Committee if they have any comments, questions, or concerns.

- 8) **LIABILITY**. KDHE will address liability issues depending on the nature of the wellness activity. Participation in wellness activities is voluntary and therefore KDHE is not liable for injuries sustained to employees during their participation in these activities. KDHE will make every effort to ensure the equipment and materials used for this policy are examined professionally to provide a safe, ready for use, non-hazardous equipment.
- 9) **IMPLEMENTATION**. Employees are strongly encouraged to actively engage in these recommendations daily. Staff will review this policy at the beginning of their term and annually thereafter. Wellness Committee shall have responsibility, with support from the KDHE Secretary, for implementing the KDHE Worksite Wellness Policy as of the effective date of [MONTH, DAY, YEAR]. Employees are encouraged to provide ongoing feedback on worksite wellness topics. KDHE shall perform an objective long-term evaluation on policy outcomes to improve the policy and worksite wellness in general. This policy shall be reviewed annually for potential changes.

Adopted this ____ day of _____, 20__

Date

Appendix 4. Complete Streets Legislation

KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT ISSUE PAPER 2019 Legislative Session

by
Division of Public Health
Bureau of Health Promotion

Complete Streets Legislation

LEGISLATIVE INITIATIVE _____ BUDGET INITIATIVE _____

Definitions:

Active Transportation: Any human-powered mode of transportation. Example: walking, biking.

Smart Growth America: An organization whose goals are to encourage diverse housing, transportation options, support neighborhood development, and create community engagement throughout the country.

Issue Definition:

Physical inactivity has been a national growing problem each year. Over a quarter of Americans, aged 6 years and older, reported no physical activity, and that percentage has increased each year since 2013.¹ The *Physical Activity Guidelines for Americans, 2nd Edition* recommends that youth (6-17 years old) get at least 60 minutes of moderate-to-vigorous physical activity daily, with at least three days a week involving aerobic, muscle-strengthening, and bone-strengthening exercises.² The same guidelines recommend that adults get at least 150 minutes of moderate-intensity, or 75 minutes of vigorous-intensity aerobic activity, per week, and at least two days a week of muscle-strengthening activities.² Data from Centers for Disease Control and Prevention (CDC) shows that only 30.6% of Kansans meet the aerobic exercise guidelines and 28.5% of Kansans met the muscle-strengthening guidelines in 2017.³ By meeting the physical activity recommendations, individuals can achieve a variety of health benefits. For example, physical and mental health can improve, the effects of existing chronic diseases can be lessened, and risk factors for certain chronic diseases can decrease. Reaching recommended amounts of PA can result in a decrease in obesity, improved brain health, and decreased all-cause mortality in a given population.²

Obesity is one of the major health complications resulting from physical inactivity. Data from the CDC showed an increase of prevalence from 32.9% obesity among U.S. adults during the years 2003-2004 to 39.8% in 2015-2016.⁴ This same survey also showed an increase of prevalence of obesity among children from 17.4% to 20.6% in children aged 12-19 years old.⁵ The state of Kansas has seen a similar increase of obesity throughout the years. The percentage of obesity in Kansas is higher than the national average, making them the 18th highest obesity state. The most recent Kansas Behavioral Risk Factor Surveillance System (BRFSS) data (2017) indicates that over 67.3% of the adult Kansas population is overweight or obese (BMI greater or equal to 25).⁶ In the past six years, the prevalence of obesity among adults in Kansas increased from 29.6% in 2011 to 32.4% in 2017, with an increasing average each year.⁶ High obesity rates in Kansas are seen among both men and women, between almost all race and ethnic groups, all ages, and

across all socioeconomic groups. It is a necessity to incorporate physical activity into people's everyday lives to increase the health benefits physical activity has to offer. A great way to accomplish that is to integrate Complete Streets into Kansas communities. Complete Streets provide for access to all modes of transportation, in a safe and healthy manner, to all ages and abilities, and can increase people's physical activity by making safe and connected active transportation options available.

Urban design, land use, and transportation policies have a significant impact on the amount of physical activity that individuals obtain.^{7,8} Policies not focused on meeting all potential users' needs can and do harm people's levels of physical activity by not enhancing streets to be safe and a convenient access to active transportation. Alternatively, Complete Streets policies have a positive impact on increasing physical activity by creating opportunities to integrate physical activity into individuals' daily lives.⁸

Background:

An estimated 300,000 premature deaths occurred in the United States due to physical inactivity and poor nutrition.^{9,10} Seven out of the top ten causes of death in Kansas are from chronic diseases; which accounts for 86% of mortalities from this list.^{11,12} The best way to decrease/prevent chronic disease is through physical activity, nutrition, and to decrease obesity.^{11,12} In 2017, BRFSS found that 41.2% of Kansans do not meet the aerobic or strengthening guidelines.¹²

In Kansas, 711 pedestrians and bicyclists were killed or injured in a roadway crash in 2017.¹³ BRFSS found that in 2017, only 22.8% of children aged 17 and younger use active transportation to or from school.¹² Thus, showing a need for complete streets to help increase the use of active transportation.

Complete Streets policies lead to safe, convenient, and accessible routes for all community members to walk, bicycle, and access public transportation.^{8,14} They also help mitigate health by increasing physical activity as being the form of transportation.¹⁵ In turn, increasing the physical activity of an individual leads to both immediate and long-term health benefits. Environmental problems will also diminish by decreasing the amount of vehicle emission.¹⁵ Done properly, Complete Streets policies aim to meet the needs of all users, ages, and abilities, through multiple transportation modes, at all times.¹⁶

Recommendations:

- The Kansas Legislature enacts the State Complete Streets Policy, which includes or provides for the following:
 - Provide education programs and awareness campaigns on safe cycling, walking practices, and use of public transportation options.
 - Planning for bicycle, pedestrian, and public transportation use in Statewide Long Range Plans and Regional Transportation Plans.
 - Use best practices in design guidance and require the development of internal design policies and guides.
 - Provide programming and funding support through Kansas Department of Transportation's (KDOT) Statewide Transportation Improvement Program (STIP) to include bicycle, pedestrian, and public transportation accommodations.

- Design bicycle and pedestrian facilities that are integrated into the overall design process for state highway projects; all design meetings through KDOT address bicycle and pedestrian accommodations.
- Include accommodations in construction projects for use for bicyclists or pedestrians in high use areas or routes promoted for this purpose.
- Prioritize on obtaining health equity in Kansas neighborhoods especially with histories of systematic disinvestment or underinvestment.
- Maintain viability of all road areas, including the shoulder, which may be the only travel option for bicyclists and pedestrians on certain roads.
- Consider all transportation needs in the planning, design, and operation of facilities for multiple modes of transportation.
- Provide safe, convenient, and accessible transportation options meeting a multitude of user needs.
- Improve public health and safety by reducing the risk of injuries and fatalities from traffic collisions for users of all modes of transportation.
- Require all new construction and reconstruction/retrofit projects receiving state or federal funding to account for the needs of all modes of transportation and all users of the road network.

Exceptions:

- Use of any given transportation facility by pedestrians, bicyclists, or other users that is prohibited by law.
- If cost projections are disproportionate to the probable use of the bikeways or pedestrian ways.
- Emergency repairs such as water main leaks that require immediate, rapid response; however, every effort should be made to meet the needs of all users through temporary accommodations.
- There is a demonstrated absence of future need as determined by factors including current and future land use, current and projected user volumes, population density, and crash data.

Legislative Implications:

Local communities are responsible for passing and implementing their own Complete Streets policies.

Impact on Other Agencies:

Local governments are responsible for addressing issues around Complete Streets, making policy changes, and setting precedents.

Fiscal Impact:

The funds requested in this initiative will leverage the expertise of KDHE and KDOT to create safe and accessible environments for all modes of transportation. These funds will be used to address and improve: reducing injury and risk, increasing safe and accessible transportation, and increasing levels of physical activity. These funds will reflect an annual, recurring budget.

By [MONTH, DATE, YEAR], and continuously thereafter, not less than one percent of the total amount of any such funds received in any fiscal year shall be so expended for construction or improvement of non-motorized transportation services and facilities.

Outcomes:

As with all grant funds, it is important to tie funding back to achievable outcomes. The grants allocated under the aid to local funding will address short-term and long-term indicators. While community improvement is expected, realistic expectations must be set if the grant initiative is to be successful. A growing body of evidence, related to community-based initiatives, provides specific evidence that suggests Kansas communities could expect positive results in four areas:

1) physical activity; 2) safety; 3) infrastructure; and 4) the economy.

Physical Activity

Increasing physical activity among all populations is one of the 10 leading health indicators that Healthy People 2020 is aiming to improve.^{17,18} Only 19% of Kansans meet both the aerobic and strengthening exercise recommendations.^{3,6,19} Research has shown that investments in infrastructure and community planning are effective in positively impacting this health indicator. For example, a city in Utah that invested in Complete Streets saw a 50% increase of walking trips made in leisure time.⁸ Increasing physical activity is a primary strategy promoted by CDC to improve the health of individuals.²⁰

Safety

In 2017, 6,760 people in the United States were killed as the result of pedestrian or bicycle crash in traffic.²¹ Pedestrian and bicycle deaths account for 8% of fatal motor vehicle crashes in Kansas.²² A study has found that the United States has a two to six times higher chance of pedestrian and bicyclist death rate per kilometers traveled when comparing with Germany and the Netherlands, places where Complete Streets policies are the norm.¹⁴ A national Complete Streets policy study found that commuting on bicycles increased while the fatalities of bicycle collisions with motor vehicles declined in counties that have a Complete Streets Policy.²³ In New York (2013), a Safe Routes to School program saw a 44% decrease in school-aged pedestrian injury during school-travel hours.⁷ Smart Growth America has shown that incomplete streets have higher risks of fatality or injury.^{14,24} Complete Streets policies effectively decrease pedestrian and bicyclist deaths by providing safer routes for these users.

Infrastructure

Multiple studies have shown that improvements to create accessible and safe active transportation infrastructures will increase/encourage physical activity in the community. From 2013-2017 only 2.4% of Kansans walked to work.²⁵ Improving the infrastructure so it encourages active transportation, will increase the amount of Kansans walking to destinations. Studies show that by changing the infrastructure, transportation-related walking increased by a median of 8.8 minutes per week and recreation-related walking increased 9.4 minutes per week.²⁶ Improving infrastructure to become activity-friendly, will increase physical activity.²⁶ Based on an example from Seattle, WA, Nickerson Street was rechanneled from a multiple lane street into one lane each direction, added two new marked crosswalks and a bike lane. After one year, there was a reduction in vehicle speeds by 2/3 of the drivers and a 23% reduction in collisions, all while traffic volume roughly stayed the same.²⁷

Economics

Smart Growth America has shown that Complete Streets policies increase private investments, raise property values, and overall save cities money. For example, Wisconsin's economic benefits were \$730 million in public transit alone.²⁸ Residents are now able to spend their money in different local areas instead of on vehicular areas, which in turn are benefiting local businesses. Complete Streets has shown to decrease collision and injury rates. Smart Growth America surveyed data from 37 Complete Streets projects across the country and found that the safer conditions through these Complete Streets projects avoided a total of \$18.1 million in collision and injury costs for one year.²⁴

Allies:

KDOT's Transportation Alternatives Program (TAP), local governments, local police departments, environmental organizations, Public Transportation Association, and community members.

Potential Issues and Strategies:

As individuals' levels of physical activity continue to decline, the risks of chronic diseases and early, avoidable death increases. An increasing number of partners and stakeholders are looking to KDHE for leadership and coordination in addressing these issues.

The Bureau of Health Promotion promotes a community-based approach to prevention of health risk behaviors. Programs like the Chronic Disease Risk Reduction grant program demonstrate the efficacy of engaging multiple sectors of the community in bringing about effective policy and environmental change. Daily decisions individuals make can be influenced by school, home, business, faith, or community environments. The built environment should be designed to promote and support healthy and safe decisions around engaging in regular physical activity, and enacting a Kansas Complete Streets policy would be the first step to accomplishing that goal.

References/Resources:

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Appendix 5. Worksite Wellness Floor Observation


	A	B	C	D	E	F	G
1		Candy Jars	Conference Rooms	Kitchens/breakroom	Gathering Spots	Water stations	Notes
2	Basement						People walk the hallway. The hallway is plain white walls - spruce it up? Maybe with some hallway workout ideas?
3	Workout room						1 One men and One women locker room (changing room, one shower, lockers)
4	IT	?	2 ?		?	?	
5	1st Floor						
6	Communal			1 (4 table tents) 1 per section		1 in common area	lots of vending machines; soda, food, snacks
7	2nd Floor						
8	Communal			1 (1 table tent)			1 2 soda vending machines
9	BHP side	1	3	2			
10	BFH side	1	4	2	2	1	
11	3rd Floor						
12	Communal Break Room			1 (1 table tent)			1 1 soda vending machine
13	Whole floor	1	5	4	1	1	
14	4th Floor						
15	Communal			1		1	
16	Whole floor	1	6	4		1	
17							

Appendix 6 – Well @ Work Nutrition Table Tents

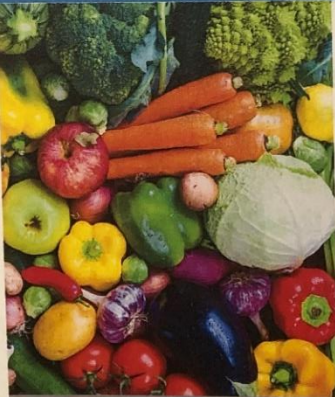
Kansas
Department of Health
and Environment

American Heart Association. Prevention and Treatment of High Cholesterol (Hypertension). 2017.
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U.S. Department of Health and Human Services and U.S. Department of Agriculture. 2015-2020 Dietary Guidelines for Americans. 8th Edition. December 2015.

ChooseMyPlate.gov



Healthy eating and good nutrition can:



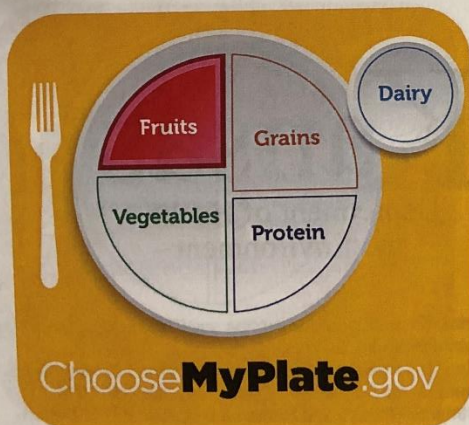
- Reduce the risk of cardiovascular disease
- Promote weight management and reduce the risk of obesity
- Reduce the risk of developing high cholesterol, or reduce cholesterol in those who already have high cholesterol
- Reduce the risk of developing Type 2 diabetes
- Reduce the risk of developing high blood pressure or reduce blood pressure in those who already have high blood pressure

One cup of fruit is the size of a small fist.



Fruits are sources of many essential nutrients that are usually under-consumed, like potassium, dietary fiber, vitamin C, and folate.

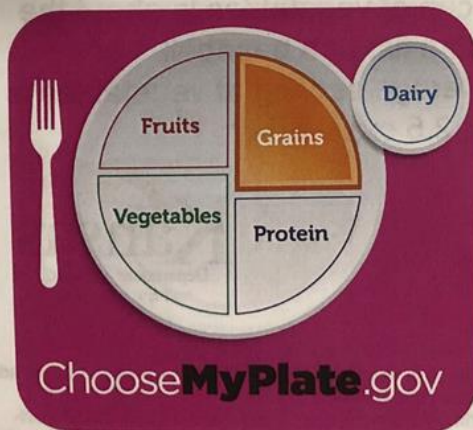
Fruits provide nutrients vital for the health and maintenance of your body. Most fruits are naturally low in fat, sodium, and calories, and all fruits are cholesterol-free!



- One cup of fruit is about the size of a fist or a baseball.
- An average serving of fruit is about 2 cups a day.



ChooseMyPlate. All About the Fruit Group. 2015.
Klemm, S. Serving Size vs Portion Size-Is there a Difference? Academy of Nutrition and Dietetics. 2018.
U.S. Department of Health and Human Services and U.S. Department of Agriculture. 2015-2020 Dietary Guidelines for Americans. 8th Edition. December 2015.



- 2 oz of grains is a small handful, or about the size of a tennis ball.
- An average serving of grains is about 6 oz a day.



ChooseMyPlate. All About the Grains Group. 2019.
Klemm, S. Serving Size vs Portion Size-Is there a Difference? Academy of Nutrition and Dietetics. 2018.
U.S. Department of Health and Human Services and U.S. Department of Agriculture. 2015-2020 Dietary Guidelines for Americans. 8th Edition. December 2015.

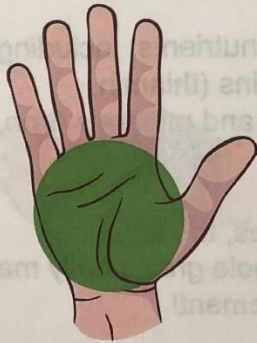
Two ounces of grains fits in the palm of your hand.



Grains are sources of many nutrients, including dietary fiber, several B vitamins (thiamin, riboflavin, niacin, and folate) and minerals (iron, magnesium, and selenium).

These help with cells, muscles, the immune system, and more. Eating whole grains daily may also help with weight management!

One cup of vegetables fits in the palm of your hand.



Vegetables are sources of many nutrients, including potassium, dietary fiber, folate, vitamin A, and vitamin C.

Vegetables provide nutrients vital for the health and maintenance of your body. Most vegetables are naturally low in fat and calories, and all vegetables are cholesterol-free!



- One cup of vegetables is about the size of a fist or a baseball.
- An average serving of vegetables is about 2.5 cups a day.



ChooseMyPlate. All About the Vegetable Group. 2019.
Klemm, S. Serving Size vs Portion Size-Is there a Difference? Academy of Nutrition and Dietetics. 2018.
U.S. Department of Health and Human Services and U.S. Department of Agriculture. 2015-2020 Dietary Guidelines for Americans. 8th Edition. December 2015.

A serving of nuts fits in the center of your palm.



Meat, poultry, fish, dry beans and peas, eggs, nuts and seeds supply many nutrients such as protein, B vitamins, vitamin E, iron, zinc, and magnesium.

Proteins function as building blocks for cartilage, blood, bones, muscles, and skin!



- Half an ounce of nuts or seeds is equivalent to 1 oz of protein foods.
- 1 oz of nuts is about a handful.
- An average serving of protein is about 5.5 oz a day.



ChooseMyPlate. All About the Protein Foods Group. 2019.
Klemm, S. Serving Size vs Portion Size-Is there a Difference? Academy of Nutrition and Dietetics. 2018.
U.S. Department of Health and Human Services and U.S. Department of Agriculture. 2015-2020 Dietary Guidelines for Americans. 8th Edition. December 2015.

Three ounces of meat fits in the palm of your hand.



Meat, poultry, fish, dry beans and peas, eggs, nuts and seeds supply many nutrients such as protein, B vitamins, vitamin E, iron, zinc, and magnesium.

Proteins function as building blocks for cartilage, blood, bones, muscles, and skin!



- A 3-oz piece of fish, poultry or meat is about the size of a deck of cards or the whole palm of your hand.
- An average serving of protein is about 5.5 oz a day.



ChooseMyPlate. All About the Protein Foods Group. 2019.
Klemm, S. Serving Size vs Portion Size-Is there a Difference? Academy of Nutrition and Dietetics. 2018.
U.S. Department of Health and Human Services and U.S. Department of Agriculture. 2015-2020 Dietary Guidelines for Americans. 8th Edition. December 2015.

A serving of cheese is the size of your index finger.



Dairy supplies many nutrients like calcium, potassium, vitamin D, and protein.

These are needed for healthy nerves, heart, muscles, and the immune system, and they help improve bone growth!



- One serving of cheese is about the size of four stacked dice.
- An average serving of dairy is about 3 cups a day.



American Heart Association. What is a Serving? 2017.
ChooseMyPlate. All About the Dairy Group. 2019.
U.S. Department of Health and Human Services and U.S. Department of Agriculture. 2015-2020 Dietary Guidelines for Americans. 8th Edition. December 2015.

Appendix 7. Action Guide for Government Agencies on the Food and Nutrition Environment



HEALTHY KANSAS WORKSITES

**AN ACTION GUIDE FOR GOVERNMENT AGENCIES
ON THE FOOD AND NUTRITION ENVIRONMENT**



Updated August 2019

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Funding for this publication was supported by the Centers for Disease Control and Prevention, Cooperative Agreement Number DP13-1305, *State Public Health Actions to Prevent and Control Diabetes, Heart Disease, Obesity and Associated Factors and Promote School Health*. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the CDC.

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Purpose

Healthy Kansas Worksites: An Action Guide for Government Agencies on the Food and Nutrition Environment recommends strategies for improving nutrition environments and implementing responsible food waste reduction systems in Kansas government agencies, for employees in worksites across the local and state levels.

This action guide sets the case for healthy food environments and provides a roadmap for implementing recommended policies and practices. The strategies, options and action steps in this guide are resources for government agencies and their subdivisions as they work to make improvements to their food and beverages environments.

Intended Audience

This action guide is for government agencies and their subdivisions (hereafter referred to as *agency*). Administrators, executives, wellness committees, worksite wellness champions, healthy food content experts and others can use this guide to implement strategies in their workplaces.

Introduction

Two-thirds of Kansas adults age 18 years and older, or about 1.4 million adult Kansans, are overweight or obese.¹ Obesity is associated with some of the leading causes of death including heart disease, stroke, diabetes and some cancers. National estimates of medical related costs for obesity were \$147 billion in 2008.² Productivity costs include both absenteeism and presenteeism (or working while sick) among employees who are overweight or obese. Workplace productivity costs due to employees' obesity-related issues total \$73 billion nationally.³

Workplace disease prevention and wellness programs can improve employee health. Combined data from 32 studies, found that, for every dollar spent, the workplace disease prevention and wellness programs can lower medical costs by approximately

\$3.27 and absenteeism costs by approximately \$2.73.⁴ Workplace programs that address nutrition can improve consumption of healthy foods, reduce obesity and improve the health of Kansans. Making positive changes to the nutrition environment, increasing employee access to healthy foods at worksites⁵, implementing healthy food procurement policies⁶ and engaging in worksite nutrition programs⁷ can positively impact employees' overall level of health, reduce their risk of developing chronic diseases, and assist agency employers with cheaper medical costs and improved employee productivity.

Worksites are places where people eat, store, and dispose of food. They are therefore logical settings to decrease food waste. Nationally, about 95 percent of uneaten leftovers and spoiled foods end up in landfills or combustion facilities.⁸ The national level of food waste is estimated to be 30 to 40 percent of the total food supply, or 133 billion pounds and \$161 billion worth of lost food as of 2010.^{9,10} Eighteen percent of total U.S. methane emissions originate from landfills, and food waste is the largest contributor.⁹⁻¹¹ Worksites that address food waste can help their employees, the economy, and the environment. Reducing food waste supports the community through donations, saves money from buying less food, saves on costs of disposal, reuses food scraps as compost, reduces methane emissions from landfills, and conserves energy and resources by preventing pollution in the first place.⁸

Government agencies have the unique opportunity to set an example for all Kansas worksites through employee nutrition and food waste initiatives. Agencies can use this guide to implement strategies for vending, cafeterias, on-site and off-site meetings, and events. To create agency environments that support employee wellbeing and productivity, agencies can:

- Develop a worksite wellness committee with representation from all levels of the agency and support from agency executives
- Use examples and resources available from WorkWell KS
- Work in coordination with the Business Enterprise Program at Department for Children and Families (DCF) to secure buy-in from vending managers
- Adopt food standards specific to the agency food environment and needs (e.g., on-site and off-site meetings and events)
- Implement product, pricing, placement, and promotional strategies as part of an

- agency policy to encourage employees to purchase healthy food options
- Implement action steps to reduce food waste and find diversion opportunities for foods that are unwanted but still edible

The Bureaus at the Kansas Department of Health and Environment (KDHE) seek to improve the food and nutrition environment of Kansas worksites for employees and visitors. Collaboration among agency executives and employees is necessary to improve the food environment in government agencies. As government agencies, it is important that we lead by example in promoting healthy food environments locally and statewide.

Background

The Bureau of Health Promotion (BHP) within the Kansas Department of Health and Environment collaborated with the Department for Children and Families' Business Enterprise Program to begin implementing strategies for improving food and beverage environments. Additionally, nutrition standards and guidelines were established for 50 percent of vending products sold in the Department for Aging and Disability Services (KDADS) and the Curtis State Office Building in Topeka.

The Business Enterprise Program

Through their Business Enterprise Program, DCF encourages vendors to offer healthy food and beverage options. The Business Enterprise Program oversees state agency cafeteria and vending operations and provides blind individuals with an opportunity for gainful employment through the federal Randolph-Sheppard Act of 1974.

Recommended Strategies

KDHE recommends choosing from the following strategies to support healthy food and beverage environments and reduce food waste in your agency. The strategies are based on current evidence and resources. You can carry out these options at different organizational levels with a goal of agency-wide standards, but support and buy-in from agency leadership is essential to the success and sustainability of worksite wellness initiatives.

Option 1: Create a Wellness Committee

Sharing responsibility for worksite wellness by forming a committee that meets regularly ensures that your initiatives continue even if an employee with worksite wellness duties leaves the agency or their duties change.

Action Steps for Your Agency

- Develop a worksite wellness committee with support from management and representation from all levels of the agency.^{12,13}
- Define your committee vision and your **SMART** (specific, measurable, achievable, relevant and time-bound) objectives to improve agency health.
- Adopt a healthy food and beverage policy. See the example in Appendix A.
- Identify procedures, staff, and timelines for implementing, monitoring, and ensuring compliance with agency standards.
- Include participation in committee meetings in official job responsibilities.¹⁴



Option 2: Use WorkWell KS Resources

What is WorkWell KS?



WorkWell KS is a statewide initiative at the KU School of Medicine-Wichita, funded by the Kansas Health Foundation and KDHE. Since 2010, WorkWell KS has provided resources to worksites for implementing

comprehensive worksite wellness initiatives that positively impact employee health and productivity.

Free examples and resources

WorkWell KS offers resources including toolkits and sample work plans and policies on best practices on healthy foods and beverages. Using these resources, wellness committees can develop a comprehensive plan for building a wellness foundation at the worksite. Additional resources are available to target other topic areas of worksite wellness, including increased physical activity, tobacco use prevention, and employee

well-being.

Action Steps for Your Agency

- Contact WorkWell Kansas:
Email: workwellks@kumc.edu
Website: <http://workwellks.com/>
- Ask for more information about being a Champion in your community, engaging organizations around worksite health and wellness and current initiatives.
- Download the [WorkWell KS Strategic Framework](#).

Option 3: Work with the Business Enterprise Program

What is the Business Enterprise Program?

The Business Enterprise Program in DCF serves as the state licensing agency for vending, cafeteria and snack bar operations on government property. The Business Enterprise Program manages contracts with blind vendors and acts in compliance with the Randolph-Sheppard Act (1974).

What does the Randolph-Sheppard Act require?

The federal Randolph Sheppard Act requires that blind entrepreneurs be given first right of refusal for vending contracts on government property.¹⁵

Contact:

Carolyn Green
Business Enterprise Program Administrator
Rehabilitation Services Office
Department for Children and Families,
Administration, 5th floor

555 S. Kansas Ave.
Topeka, KS 66603
Phone: (785) 296-4205
Fax: (785) 291-3138
Email: Carolyn.Green@ks.gov

Action Steps for Your Agency

Work in coordination with the Business Enterprise Program to secure buy-in from vending managers. The following steps* serve as a guideline for working with the program on healthy food and beverage standards:¹⁴

1. Build a diverse team that will establish work with the vendors and follow the guidelines. (Worksite Wellness Committee).
2. Establish the goals of healthy food in vending machines.

3. Develop a logic model and a work plan.
4. Assess the current food environment. See the resources provided in Appendix B. An assessment of your existing food and beverage environment can provide important information about the availability of healthy options and be a tool for engaging staff.
5. Understand policy options. Adopt or adapt the healthy food and beverage standards provided in Appendix A.
6. Educate stakeholders in food service guidelines. Contact the manager of the Business Enterprise Program and the blind vendor committee to discuss the introduction of healthy food and beverage standards in vending and cafeteria operations. For more information, refer to the Public Health Law Center document, [Healthy Vending in Kansas and the Randolph-Sheppard Act](#). Work with the Business Enterprise Program manager to develop and coordinate trainings for blind vendors on implementing the nutrition guidelines.
7. Include food service guidelines in contracts.
8. Identify marketing and promotion strategies. Promote the newly available healthy food and beverage options to agency employees.
9. Develop an evaluation plan.



*The steps listed above were adapted from the action steps in the CDC document, Smart Food Choices: How to Implement Food Service Guidelines in Federal Facilities

Option 4: Implement a Food and Beverage Policy

After assessing the food and nutrition environment at your worksite, you can adapt an existing model policy or develop a policy for your worksite. Written policies that are understood and supported by the agency and employees require less monitoring and are better sustaining your changes to the healthy food and beverage environment.

Action Steps for Your Agency

- Implement an agency policy specific to your agency's food environment and needs (e.g. meetings and events, vending machines, cafeterias).
- Reference the work of other states:

- [Washington-Healthy Nutrition Guidelines](#)
- [Alabama-Healthy Vending Machine Program](#)
- [Mississippi-Fit Pick™ Vending Machine Program](#)
- [Texas Vending Machine Policy](#)

Policy Considerations

This checklist from the Public Health Law Center's [Drafting Effective Policies](#) has the steps that should be used to plan, develop and implement a policy.¹⁶

Also consider including nutrition standards and guidelines, aligning with national standards from the most recent [USDA Dietary Guidelines for Americans](#). Be sure to also address the “4 P’s” of marketing: Product, Pricing, Placement, and Promotion. For more information, refer to the Public Health Law Center document, [Key Components of Food Procurement & Vending Policies](#).

Option 5: Use Product, Pricing, Placement and Promotion

Effective marketing of products or services follows from use of the 4 P’s tactic – Product, Price, Placement and Promotion – and is widely effective.¹⁷ In your worksite wellness initiative on healthy food and beverages, these same tactics can help make healthy options the easy choice for employees.¹⁸ Implement the strategies described below through an agency-level healthy food and beverage policy.

Product

(Find a national survey results from an employee food preference like cafeterias/vending)

Pricing

Pricing strategies that lower the cost of more healthy items (such as

ELEMENTS OF EFFECTIVE POLICY	
Findings	Findings are brief statements of fact and/or statistics relevant to issue being addressed and that support the need for the policy. Think about: <ul style="list-style-type: none"> ■ Are the findings evidence-based? ■ Do the findings support the purpose of the policy? ■ Do the findings anticipate challenges?
Purpose	The purpose is a statement that explains the goal(s) of the policy.
Definitions	The definitions are detailed explanations of the key terms in the policy. Think about: <ul style="list-style-type: none"> ■ Are all the key terms defined? ■ Are any unnecessary terms defined? ■ Are the definitions written broadly enough to encompass new or emerging concepts or products without being overly broad?
Main policy provisions	The main policy provisions state the prohibitions and/or requirements of the policy and identify the parties to whom the provisions apply. Think about: <ul style="list-style-type: none"> ■ Are all the requirements and prohibitions reasonable? ■ Do the provisions address the purpose? ■ Are the provisions consistent with other policies and laws? ■ Are the provisions clearly stated? ■ Is it clear to whom the policy applies?
Exceptions or exemptions	This section contains any exemptions or exceptions to the prohibitions or requirements that are necessary to achieve the purpose of the policy. Think about: <ul style="list-style-type: none"> ■ Are the exceptions or exemptions limited and written as narrowly as possible?
Enforcement	The enforcement section identifies the parties responsible for enforcement, outlines the enforcement procedures, any penalties or fines that may be imposed, and any appeal process.
Implementation	The implementation section states the effective date for the policy and the steps to disseminate and publicize the policy.
Evaluation	The evaluation section outlines the timeline and process to assess the effectiveness of the policy, including how it meets the goals, as well as providing a framework for policy revision.

water or fruit) and simultaneously raise the cost of less healthy items (such as sugar-sweetened beverages or candy) offset the cost of healthy items while increasing the sale of healthy ones.^{19 – 21}

Placement

The placement of bottled water or fruit by cash registers and putting healthy items at eye level can increase the sales of healthy foods and beverages.²¹

Promotion Strategies

Point-of-purchase labeling and promotions as part of overarching strategies can positively influence consumption of fruit, vegetables, and fat intake in worksite settings.²¹

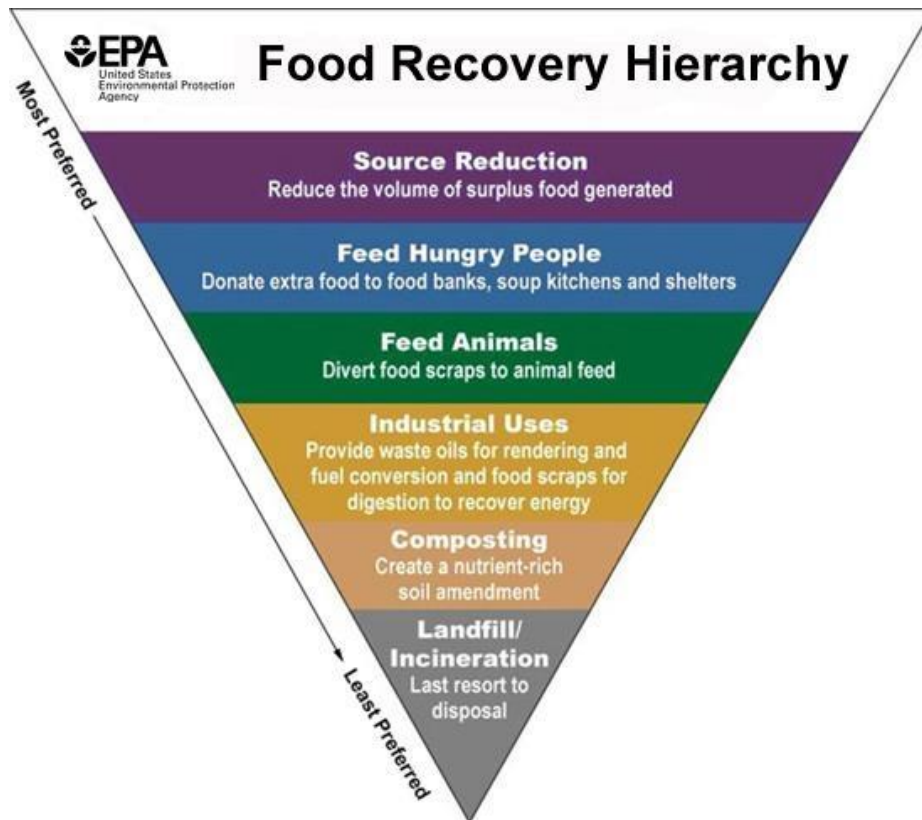
Action Steps for Your Agency

- Obtain and use employee preferences when increasing the availability of healthy foods and beverages. Offer a range of products that meet [nutrition standards](#).
- Work with the Business Enterprise Program on pricing and placement strategies.
- Subsidize coupons to encourage the purchase of healthy foods and beverages.
- Offer bowls of fruit or small bottles or pitchers of water available at no cost at front desks and in break rooms.
- Use your agency's communication outlets to promote the availability of healthy food and beverages.

Option 6: Reduce Food Waste

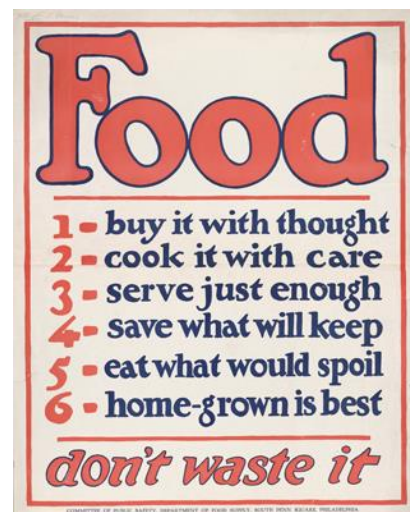
Worksites are prime locations for employees to get involved in efforts to reduce food waste. It is a commonplace for employees to eat while at work, meaning that some level of food storage, preparation, and disposal are also happening at most worksites. Food waste at worksites can occur from spoilage, overcooking, plate waste, and over-purchasing. The national level of food waste is estimated at 31 percent of the total food supply, and wasted food is the single largest component in U.S. landfills.²² Reducing food waste at worksites can positively impact employees, the larger community, the economy, and the environment.^{9,10} The United States Environmental Protection Agency (EPA) developed the [Food Recovery Hierarchy](#) that prioritizes actions that organizations can take to prevent and divert wasted food. Each tier describes a different management

strategy, and top levels are considered the best ways to prevent and divert food waste by creating the most benefits for the economy, society, and the environment.



Action Steps for Your Agency

- **Raise Awareness:** The Rockefeller Foundation developed a [Food Waste Toolkit for the Office](#), which can help agencies increase awareness and take action on food waste.
- **Clean the Fridge:** Regular cleaning of the office refrigerator keeps food fresher longer, giving employees more overall time to eat their food. It also prevents a buildup of forgotten and spoiled foods. Name and date all items that go into the office fridge to keep better track of what's fresh. You can also assign a community shelf in the fridge to share unwanted but unspoiled foods.



- **Compost:** Although many offices have separate bins for trash, paper, and other recyclables, compost bins for food scraps may be less common at some worksites.



Composting prevents leftovers, spoiled foods, coffee grounds, peels, cores, and more from ending up in a landfill. Work with management and facilities to set up a composting system, decide what and how much food your system will handle, select a system, and educate your agency about the benefits. Even if your agency is in a location without compost collection, employee gardeners, the local community garden, or a local farmer may

be interested in regularly collecting your office's compost.

- **Food Banks:** Donate non-perishable and unspoiled perishable items to local food banks, many of whom will pick up such donations free of charge. Your agency wellness committee or food waste champion could also organize a visit to a food bank.
- **Office Pledge:** Pledge through the [Food Recovery Challenge](#) that your agency will make an effort to improve your sustainable food management practices and report results. A key component of this pledge is to conduct an assessment and inventory wasted food at baseline to set goals and track your worksite's progress. Also, consider joining the [US Food Waste Challenge](#).
- **Green Meeting Guide for Conferences Checklist:** The Pollution Prevention Institute at Kansas State University produced a checklist for agencies to consider in hosting more environmentally sustainable meetings. See the "Food & Beverage" section of the [document](#) for helpful tips.

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Appendix A: Sample Healthy Food and Beverage Policy

Section 1: Purpose

To establish a food procurement and service policy for [AGENCY] to support the wellbeing and productivity of its employees and the wellbeing of its guests.

Section 2: Definitions

This policy shall be applicable to any and all foods and beverages offered within [AGENCY].

Section 3: Exceptions/Exemptions

Any and all healthy food and beverage options offered within [AGENCY] vending machines, snack bars or cafeterias that are operated under the Business Enterprise Program will be subject to the policies and procedures of the Department for Children and Families.

In these cases, [AGENCY] will work with the DCF Business Enterprise Program to promote the availability of healthy food and beverage options in accordance with this policy.

Section 4: Policy Provisions

4.1: Break Rooms and Commons

Clean unflavored and unsweetened drinking water shall be made freely available to employees in breakrooms and common areas where employees or guests gather to eat or drink.

4.2: On-site and Off-site Meetings, Events and Activities

When selecting and purchasing food and beverages for [AGENCY] on-site and off-site meetings, events and activities (including potlucks), staff must abide by the Nutrition Standards and Guidelines provided in this policy.

Every reasonable effort will be made by [AGENCY/SUB-DIVISION/WELLNESS COMMITTEE/ASSIGNED STAFF] to ensure that at least 50% of the food and beverage options offered to employees and guests meet the Nutrition Standards and Guidelines.

4.3: State Operated Vending, Cafeteria and Snack Bars

[AGENCY/BUREAU/WELLNESS COMMITTEE] will coordinate with the Business Enterprise Program in the Department for Children and Families to ensure that at least 50% of the food and beverage options offered to employees and guests in state operated vending machines, cafeterias and snack bars located in [AGENCY] meet the Nutrition Standards and Guidelines included in this policy.

4.4: Nutrition Standards and Guidelines

The following standards and guidelines were adapted from the Food Service Guidelines for Federal Facilities, published in 2017. Where nutrition information is available for prepared meals, snacks and beverages, the following nutrition standards will be met for at least 50% of food products:

Prepared Foods

This category includes foods that are fresh, cleaned, cooked, assembled (e.g., salad or sandwich) or otherwise processed and served “ready-to-eat.” Prepared foods include those that are made and served on site, or those prepared at a central kitchen and then packaged and distributed to other locations. These foods have a relatively limited shelf-life (compared to packaged snacks), and can be sold in any food service venue. Examples of prepared foods include hot entrées, side dishes, soups, salads, deli sandwiches, and fresh whole fruits and vegetables.

Category	Standards
Fruits & Vegetables	Offer a variety of seasonal, fresh, canned, frozen, dried and cooked or raw fruits and vegetables.
Grains	Offer half of total grains as “whole grain-rich” products.
Dairy	Offer a variety of low-fat dairy products (or dairy alternatives), such as milk, yogurt, cheese and fortified soy beverages.
Protein Foods	Offer a variety of non-fried protein foods, such as seafood, lean meats and poultry, eggs, legumes (beans and peas), nuts, seeds and soy products.
Desserts	Offer 25% of desserts containing ≤200 calories as served.
Sodium	➤ All meals offered contain ≤800 mg sodium.

	<ul style="list-style-type: none"> ➤ All entrees offered contain ≤600 mg sodium. ➤ All side items contain ≤230 mg sodium.
Trans Fats	All foods do not include partially hydrogenated oils.

Packaged Snacks

This category includes processed foods that are packaged in small portions or individual servings, are widely distributed, and have a relatively long shelf-life (compared to prepared foods). Packaged snacks include food items such as granola bars, chips, crackers, raisins, and nuts and seeds. These foods can be sold in any venue, such as vending machines or “grab-n-go” areas of cafeterias.

Category	Standards
Sodium	All packaged snacks contain ≤200 mg sodium per package.
Trans Fats	All packaged snacks have 0 grams of trans fat.
Food Standards	<ul style="list-style-type: none"> ➤ Have as the first ingredient a fruit, vegetable, a dairy product, or a protein food; or ➤ Be a whole grain-rich product; or ➤ Be a combination food that contains at least ¼ cup of fruit and/or vegetable. <p>AND</p>
Nutrient Standards	<ul style="list-style-type: none"> ➤ ≤200 calories per package ➤ <10% of calories from saturated fat (exemptions: reduced-fat cheese and part skim mozzarella; nuts, seeds, and nut/seed butters; and dried fruit with nuts/seeds with no added nutritive sweeteners or fats. ➤ ≤35% of weight from total sugars in foods (exemptions: dried/dehydrated whole fruits or vegetables with no added nutritive sweeteners; dried whole fruits or pieces with nutritive sweeteners required for processing and/or palatability; products consisting of only exempt dried fruit with nuts and/or seeds with no added nutritive sweeteners or fats.)

Beverages

This category includes drinks such as water, milk, 100% juice, soft drinks, energy drinks, teas and coffees.

Category	Standards
Beverages	<ul style="list-style-type: none"> ➤ Provide free access to chilled, potable water. ➤ When milk and fortified soy beverages are available, offer low-fat beverages with no added sugars. ➤ When juice is available, offer 100% juice with no added sugars. ➤ At least 50% of available beverage choices contain ≤40 calories per 8 fluid ounces (excluding 100% juice and unsweetened fat-free or low-fat [1%] milk).

4.5: Waste Diversion Standards

The following standards and guidelines were adapted from the Food Service Guidelines for Federal Facilities, published in 2017. The standards are considered to be widely achievable within food service.

- Participate in and implement waste diversion programs (waste reduction, recycling, and where feasible, composting) for employees in the kitchen, break rooms, and administrative areas.
- Participate in and implement waste diversion programs (waste reduction, recycling, and where feasible, composting) in areas that a consumer will be exposed during their visit to the food service operation.
- Implement systems to monitor relationship between waste and food procurement, including the development of goals for waste reduction and quarterly to annual reporting of waste reduction and waste diversion benchmarks.
- Re-purpose excess food for future meal preparation, while following necessary food safety procedures.
- Train staff on methods for reducing food waste.

Section 5: Accountability Measures

[EXECUTIVE STAFF TITLE/WELLNES COMMITTEE] shall have responsibility, (OPTIONAL: with support from [EXECUTIVE STAFF TITLE]) for implementing this policy as of the effective date of [MONTH DAY, YEAR].

[AGENCY] management recognizes the need to learn from successes and deviations from expected outcomes. If this policy is not met for on-site or off-site meetings, events or activities, [WELLNESS COMMITTEE/EXECUTIVE TITLE OR ASSIGNED STAFF TITLE(S)] shall implement corrective actions to ensure compliance with this policy. If this policy is not met within state operated vending machines, cafeterias and snack bars located in [AGENCY], [WELLNESS COMMITTEE/EXECUTIVE TITLE OR ASSIGNED STAFF TITLE(S)] will convene with the Business Enterprise Program in the Department for Children and Families to review options for compliance with this policy.

Section 6: Evaluation

[AGENCY EXECUTIVE TITLE/WELLNESS COMMITTEE] shall be responsible for annual review to determine if substantial changes have been made to standards referenced in Section 4.4 or other current health recommendations that would warrant amending the nutrition guidelines established in this policy. This policy shall remain effective during this time and [AGENCY] will maintain or may strengthen its provisions through each revision.

PASSED AND APPROVED by the [AGENCY/ EXECUTIVE TITLE] of [AGENCY] on this [DAY] day of [MONTH], [YEAR].

[EXECUTIVE NAME], [EXECUTIVE TITLE]

Appendix B: Additional Resources

Assessment Resources

[Healthier Food Choices for Public Places Survey](#)

This sample survey for employees provides questions for pre- and post-implementation of a healthy food option intervention. It can help gauge employee interest in food environment improvements, as well as current purchasing behavior.

[Kansas Food Assessment Guide](#)

This guide applies a food systems framework to help explain the complexity making food choices in Kansas. National and Kansas-specific resources are provided to help improve the food and nutrition environment.

[Nutrition Environment Assessment Tool \(NEAT\)](#)

This tool provides seven steps to creating healthier nutrition environments in your community, including assembling a nutrition environment assessment team, registered your community with NEAT, reviewing the nutrition environment assessment tool, completing NEAT assessments, reviewing feedback reports and developing an action plan, implementing changes and evaluating your program and making any necessary modifications.

[Nutrition Environment Measures Survey-Vending \(NEMS-V\) Tools](#)

These survey instruments measure the influence of environments on food choice. The assessment provides a visual depiction of vending machines, scores the availability of healthy options in your agency and provides a checklist of action steps to for improving the availability of healthy choices.

Food Waste Reduction and Diversion Resources

[A Guide to Office Composting](#)

The Environmental Finance Center at Syracuse University aims to improve environmental infrastructure and quality of life. This guide serves as an introduction to what composting is, as well as why and how it should be done in the workplace.

[Disrupting Food Waste in the Workplace](#)

Included on this page is a *Food Waste Toolkit for the Office*, created by The Rockefeller Foundation. Some tips include identifying a food waste champion and understanding what your office is already doing to prevent food waste.

[Food Recovery Challenge \(FRC\)](#)

The Environmental Protection Agency's Food Recovery Challenges helps organizations pledge to improve their sustainable food management practices and report results. Joining is easy, and following the steps can help your agency prevent and divert wasted food.

[Food Recovery Programs](#)

The Kansas State University Pollution Prevention Institute provides a variety of food waste reduction resources, including the *Green Meeting Checklist for Conferences and Trade Shows*.

[Join the U.S. Food Waste Challenge](#)

Follow this link to join the U.S. Food Waste Challenge through the United States Department of Agriculture.

[Let's Talk Trash.](#)

USDA's Center for Nutrition Policy and Promotion two-page infographic illustrates the impact of food waste and loss throughout the country. Tips on how to plan and save, be food safe, check for quality, set storage reminders, be organized, re-purpose, donate, and recycle and compost are also included.

[Reduce Wasted Food by Feeding Hungry People](#)

This Environmental Protection Agency page provides basic information about how anyone can donate food, as well as additional resources and success stories.

[StillTasty: Your Ultimate Shelf Life Guide](#)

Use this resource to find out if your food is still good to eat.

[The Refrigerator Demystified](#)

The Natural Resources Defense Council created this helpful infographic to present information about ways to combat food waste by implementing a few easy strategies in the office fridge.

Nutrition Standards and Guidelines

[Dietary Guidelines for Americans 2015-2020 Eighth Edition](#)

Every five years, the U.S. Departments of Health and Human Services (HHS) and of Agriculture (USDA) are required to publish a joint report containing nutrition and dietary information and guidelines for the general public.

[Food Service Guidelines for Federal Facilities](#)

The primary goals of the guidelines are to ensure that healthier food and beverages are available, environmentally responsible practice are conducted, communities are economically supported, and food safety practices are followed in federal facilities. These guides are an update to the *Health and Sustainability Guidelines for Federal Concessions and Vending Operations*.

[Health and Sustainability Guidelines for Federal Concessions and Vending Operations](#)

This document proposes specific food, nutrition, and sustainability guidelines for use in federal workplaces. The document supports the effort, led by the U.S. General Services Administration, to support employees in making healthy food and beverage choices and creating a promoting a sustainable food system.

[Healthier Vending Machine Initiatives in State Facilities](#)

The Centers for Disease Control and Prevention prepared this document which describes actions taken, key considerations and lessons learned by state health departments that have implemented healthy vending machine initiatives.

[Healthy Meetings](#)

This Center for Science in the Public Interest webpage provides resources, including the *Healthy Meeting Toolkit*, to help organizations create an environment that supports employees' and visitors' efforts to eat healthy by adopting healthy meeting guidelines.

[KHF Healthy Food and Beverage Guidelines](#)

These guidelines were prepared by Healthy Kids Challenge and based on Institute of Medicine Nutrition Standards for Foods in Schools, the 2010 Dietary Guidelines for Americans and the Kansas State Board of Education Vending Machines/School Stores Guidelines.

[Nutrition Standards for Kansas Communities](#)

These standards were prepared by Healthy Kids Challenge Registered Dietitians for the Kansas Health Foundation Healthy Communities Initiative, 2014. The guidelines are most closely aligned with standards from The National Alliance for Nutrition & Activity (NANA) for Beverage and Food Vending Machines.

[Smart Food Choices: How to Implement Food Service Guidelines in Public Facilities](#)

This guide aims to help state and local health departments increase availability of healthier choice at a variety of food service venues such as cafeterias, concession stands, snack bars and vending machines. The guide includes a series of action steps and helpful tools for implementing food service guidelines in your agency.

Policy Resources

[Healthy Choice Options in Vending Machines on County Property](#)

This policy, created by the county of San Diego, California, is an example of an effort to improve the food and nutrition environment on government property. The policy establishes nutrition guidelines to provide healthier options in vending machines.

[Key Components of Food Procurement & Vending Policies](#)

This document is available to help draft an effective food procurement and/or vending policy. The Public Health Law Center developed the fact sheet with funding from the Kansas Health Foundation to increase availability of healthy food and support active living in Kansas.

[Massachusetts State Agency Food Standards: Requirements and Recommendations](#)

These standards, a part of the statewide initiative Mass in Motion, apply to all food purchased by agencies and their contractors. The standards were issued in executive order with the goal to improve health of individuals served by all state agencies in Massachusetts.

[Utah Department of Health, Bureau of Health Promotion, Healthy Foods Policy](#)

The policy requires that all food purchased with department funds must meet healthy worksite nutrition guidelines.

Appendix 8. Weekly Newsletter Video Release Dates

1	Editorial Calendar for Well @ Work Friday Flash Items								
2									
3		Important Dates	Video (Title of)	Nutrition Tip (place entire content)	Nutrition Tip Image	PA Tip (place entire content)	PA Tip Image	Trivia Challenge	Notes
4	August								
5	2-Aug-19								
6	9-Aug-19			Watermelon. Great source of potassium, dietary fiber, and Vitamin A, B6, and C. It's low in calories and sodium and is cholesterol (fat) free.	Capitol Midweek Farmer's Market photo				Eid- al-Adha (10th)
7	16-Aug-19					Take a 2 minute fitness break every 30 minutes. It helps prevent/ decrease chronic diseases, burns more kcals, and helps maintain muscle strength. Tips: standing desk, stretch, walk around the office	https://www.istockphoto.com/photo/busineswoman-stretching-gm915448488-251940342		
8	23-Aug-19							What vitamins are in watermelon? A) A, B6, C K, B K, D (A)	A) B) C, C) A, Answer
9	30-Aug-19					Labor Day Physical Activity ideas: Swimming, playing catch, or an evening walk. Accomplish the aerobic exercise guideline which is 150min/week!	https://www.istockphoto.com/photo/international-labor-day-gm954820462-260699642 or https://www.istockphoto.com/photo/mother-showing-football-tricks-gm932362278-255541634		5th Friday & Labor Day (Sept. 2)
10	September								
11	6-Sep-19					Take a stroll. In honor of Grandparents day, take those grandkids out for a walk. Walking helps reduce/prevent chronic diseases, increases physical activity, and improves sleep.	https://www.istockphoto.com/photo/grandparents-with-grandchildren-crossing-river-whilest-hiking-in-uk-lake-district-gm1049854122-280760287		Grandparents Day (Sept. 9th)
12	13-Sep-19			Farmers market	Farmer's market photo				
13	20-Sep-19		Neck						

14	27-Sep-19						What was the Farmer's Market produce of the week? A) Carrots B) Radishes C) Watermelon D) Answer (D)	Rosh Hashanah (30th)
15	October							
16	4-Oct-19	Shoulder/Arms						Yom Kippur (9th)
17	11-Oct-19				Muscle Strengthening Exercises. Muscle Strengthening 2 days per week will help increase bone strength, increase muscular fitness, and help maintain muscle mass during weight loss. Lifting weights, using resistance bands, and body weight exercises like push-ups , squats, sit-ups, are all great muscle strengthening exercises.	https://www.istockphoto.com/photo/group-of-healthy-fit-people-training-in-gym-gm1127778987-297365358		Columbus day and Indigenous Peoples' day (14th)
18	18-Oct-19						Stretching can: A) Increase range of motion B) Increase blood flow C) Decrease stress D) Possibly decrease pain E) All of the above Answer (E)	
19	25-Oct-19			USDA Vegetables guidelines: Women aged 19-50 - 2.5 cups a day Women aged 51+ - 2 cups a day Men aged 19-50 - 3 cups a day Men aged 51+ - 2.5 cups a day Healthy Halloween veggie recipe: https://www.foodnetwork.com/recipes/food-network-kitchen/squash-soup-in-pumpkin-bowls-recipe-1973305	https://www.istockphoto.com/photo/pumpkin-soup-in-a-black-bun-for-the-holiday-of-halloween-gm1162406923-318831774			Halloween(31st), Diwali (27th)
20	November							
21	1-Nov-19	Wrist/hands						
22	8-Nov-19			How to read a nutrition label: Keep low: saturated fats, trans fats, cholesterol, and sodium • Get enough of: potassium, fiber, vitamins A and C, calcium, and iron • Use the Percent Daily Value (% DV) column when possible; 5% DV or less is low, 20% DV or more is high	The picture is the blue and white nutrition label https://www.nhlbi.nih.gov/health/educational/wecan/eat-right/nutrition-facts.htm			Veteran's day (11th)